

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000118857

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** MODERN HEALTH SYSTEMS OF FLORIDA, INC.

**Current Principal Place of Business:**

319 FLORIDA AVENUE  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

319 FLORIDA AVENUE  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

**FEI Number:** 02-0651308

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BORDT, ROBERT K  
319 FLORIDA AVENUE  
NEW SMYRNA BEACH, FL 32169 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BORDT, ROBERT  
Address: 319 FLORIDA AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T  
Name: BORDT, JOYCE  
Address: 319 FLORIDA AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT BORDT

P

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date