

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000015601

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: NHC FLORIDA INC.

## Current Principal Place of Business:

2708 N AUSTRALIAN AVE  
SUITE 2  
W. PALM BEACH, FL 33407 US

## New Principal Place of Business:

844 RYANWOOD DRIVE  
W. PALM BEACH, FL 33413 US

## Current Mailing Address:

P.O. BOX 1911  
W. PALM BEACH, FL 33402 US

## New Mailing Address:

FEI Number: 41-2125506      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STUBBS, STEPHEN A  
2708 NORTH AUSTRALIAN AVE.  
SUITE 1  
W. PALM BEACH, FL 33407 US

## Name and Address of New Registered Agent:

STUBBS, STEPHEN A  
844 RYANWOOD DRIVE  
W. PALM BEACH, FL 33413 US

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: \_\_\_\_\_

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KING, KEVIN C  
Address: 2708 NORTH AUSTRALIAN AVE.  
City-St-Zip: W. PALM BEACH, FL 33407 US

Title: D ( ) Delete  
Name: KING, SHARLENE C  
Address: 2708 NORTH AUSTRALIAN AVE.  
City-St-Zip: W. PALM BEACH, FL 33407 US

Title: D ( ) Delete  
Name: STUBBS, STEPHEN A  
Address: 2708 NORTH AUSTRALIAN AVE.  
City-St-Zip: W. PALM BEACH, FL 33407 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: KING, KEVIN C  
Address: 844 RYANWOOD DRIVE  
City-St-Zip: W. PALM BEACH, FL 33402 US

Title: D (X) Change ( ) Addition  
Name: KING, SHARLENE C  
Address: 844 RYANWOOD DRIVE  
City-St-Zip: W. PALM BEACH, FL 33402 US

Title: D (X) Change ( ) Addition  
Name: STUBBS, STEPHEN A  
Address: 844 RYANWOOD DRIVE  
City-St-Zip: W. PALM BEACH, FL 33402 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEPHEN A STUBBS

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date