

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000093250

FILED
Apr 28, 2011
Secretary of State

Entity Name: ASCENDED HEALTHCARE INC.

Current Principal Place of Business:

5301 GULFPORT BLVD.
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

5301 GULFPORT BLVD.
GULFPORT, FL 33707

New Mailing Address:

FEI Number: 20-1262785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, DEMEKISA S
5301 GULFPORT BLVD.
GULFPORT, FL 33707 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: MR.
Name: DAVIS, DEMEKISA S
Address: 5301 GULFPORT BLVD.
City-St-Zip: GULFPORT, FL 33707

Title: MR.
Name: DAVIA, DEMEKISA S
Address: 738 LAKE MAGGIORE BLVD S
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: MR.
Name: DAVIS, DEMEKISA S
Address: 738 LAKE MAGGIORE BLVD S
City-St-Zip: SAINT PETERSBURG, FL 33705

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Title: MR.
Name: DAVIS, DEMEKISA S
Address: 738 LAKE MAGGIORE BLVD S
City-St-Zip: SAINT PETERSBURG, FL 33705

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: DEMEKISA S. DAVIS

MR.

04/28/2011

Electronic Signature of Signing Officer or Director

Date