

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000011927

Entity Name: CINERGY HEALTH, INC.

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

19495 BISCAYNE BLVD STE 604
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

19495 BISCAYNE BLVD STE 604
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 20-2372436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOUIZER, DANIEL
Address: 19495 BISCAYNE BLVD. STE 604
City-St-Zip: AVENTURA, FL 33180 US

Title: V () Delete
Name: NEWMAN, JENNIFER
Address: 19495 BISCAYNE BLVD. STE 604
City-St-Zip: AVENTURA, FL 33180 US

Title: V () Delete
Name: MARKOWITZ, HOWARD
Address: 19495 BISCAYNE BLVD. STE 604
City-St-Zip: AVENTURA, FL 33180 US

Title: V () Delete
Name: TRATTNER, STEVE
Address: 19495 BISCAYNE BLVD. STE 604
City-St-Zip: AVENTURA, FL 33180 US

Title: V () Delete
Name: DIMLICH, DAVID
Address: 19495 BISCAYNE BLVD. STE 604
City-St-Zip: AVENTURA, FL 33180 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIEL TOUIZER

P

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date