

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000011927

Entity Name: CINERGY HEALTH, INC.

**FILED**  
**Aug 22, 2012**  
**Secretary of State**

### **Current Principal Place of Business:**

10251 W. OAKLAND PARK BLVD  
SUNRISE, FL 33351

### **New Principal Place of Business:**

10251 W. OAKLAND PARK BLVD #201  
#201  
SUNRISE, FL 33351

### **Current Mailing Address:**

10251 W. OAKLAND PARK BLVD  
SUNRISE, FL 33351

### **New Mailing Address:**

10251 W. OAKLAND PARK BLVD  
#201  
SUNRISE, FL 33351

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

### **OFFICERS AND DIRECTORS:**

Title: P  
Name: TOUIZER, DANIEL  
Address: 10251 W. OAKLAND PARK BLVD  
City-St-Zip: SUNRISE, FL 33351 US

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: DANIEL TOUIZER

P

08/22/2012

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

\_\_\_\_\_  
Date