

P05000011927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

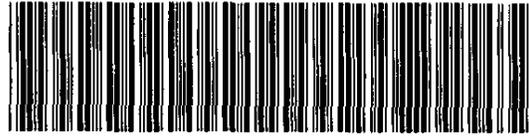
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100252095101

10/02/13--01015--001 **35.00

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

13 OCT -2 AM 8:03

FILED

OCT 02 2013
S. PRATHER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cinergy Health, Inc.
Name of Corporation

DOCUMENT NUMBER: P05000011927

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Shanna Morris
Name of Contact Person

Cinergy Health, Inc.
Firm/Company

10251 W. Oakland Park Blvd.
Address

Sunrise, FL 33351
City/State and Zip Code

smorris@cinergyhealth.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shanna Morris at (305) 792-9996
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

