

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000035894

**FILED**  
**Feb 27, 2011**  
**Secretary of State**

**Entity Name:** HEALTH FACILITATORS, INC.

**Current Principal Place of Business:**

6708 193RD ST E  
BRADENTON, FL 34211

**New Principal Place of Business:**

**Current Mailing Address:**

6708 193RD ST E  
BRADENTON, FL 34211

**New Mailing Address:**

**FEI Number:** 20-2476770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSENKRANTZ, ANGELA P CEO  
6708 193RD ST EAST  
BRADENTON, FL 34211 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: CEO  
Name: PENZO ROSENKRANTZ, ANGELA  
Address: 6708 193RD ST E  
City-St-Zip: BRADENTON, FL 34211

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: ANGELA P ROSENKRANTZ

MRS.

02/27/2011

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

\_\_\_\_\_  
Date