

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000153966

Entity Name: CENTRAL HEALTH, CORP

**FILED**  
**Jan 21, 2011**  
**Secretary of State**

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

14709 SW 42 STREET  
# 304  
MIAMI, FL 33185

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

2450 SW 137 AV  
# 234  
MIAMI, FL 33175

## **Current Mailing Address:**

14709 SW 42 STREET  
# 304  
MIAMI, FL 33185

## **New Mailing Address:**

2450 SW 137 AV  
# 234  
MIAMI, FL 33175

FEI Number: 20-3838917

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

DE LA CRUZ, DOUGLAS  
14051 SW 74 TERRACE  
MIAMI, FL 33183 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: PD  
Name: DE LA CRUZ, DOUGLAS  
Address: 14051 SW 74 TERRACE  
City-St-Zip: MIAMI, FL 33183 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: DOUGLAS DE LA CRUZ

PD

01/21/2011

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

\_\_\_\_\_  
Date