

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000103469

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: ALEX ACADEMY HEALTH CENTER, INC.

## Current Principal Place of Business:

195 NE 1ST AVENUE  
POMPANO BEACH, FL 33060 US

## New Principal Place of Business:

840 E OAKLAND PARK  
109  
840 E OAKLAND PARK, FL 33334 US

## Current Mailing Address:

2004 SW 86TH AVENUE  
N.LAUDERDALE, FL 33068 US

## New Mailing Address:

FEI Number: 20-5325394      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VOLTAIRE DORVILUS, JAUNETTE  
195 NE 1ST AVENUE  
POMPANO BEACH, FL 33060 US

## Name and Address of New Registered Agent:

DORVILUS, MERCIUS  
840 E OAKLAND PARK  
109  
840 E OAKLAND PARK, FL 33060 US

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: JAUNETTE VOLTAIRE

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VOLTAIRE DORVILUS, JAUNETTE  
Address: 195 NE 1ST AVENUE  
City-St-Zip: POMPANO BEACH, FL 33068 US

Title: VP ( ) Delete  
Name: DORVILUS, DIEUQUISE  
Address: 535 EAST SAMPLE ROAD  
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: M G (X) Delete  
Name: DORVILUS, MERCIUS  
Address: 195 NE 1ST AVENUE  
City-St-Zip: POMPANO BEACH, FL 33060

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DORVILUS, MERCIUS  
Address: 840 E OAKLAND PARK  
City-St-Zip: OAKLAND PARK, FL 33334 US

Title: VP (X) Change ( ) Addition  
Name: DORVILUS, DIEUQUISE  
Address: 840 E OAKLAND PARK  
City-St-Zip: OAKLAND PARK, FL 33334 US

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

I hereby certify that the information supplied with this filing does not qualify 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: MERCIUS DORVILUS

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date