

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000137543

Entity Name: OCEAN VIEW HEALTH, INC.

FILED
Feb 18, 2011
Secretary of State

Current Principal Place of Business:

926 S 2ND ST
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

320 NORTH FIRST ST
SUITE 709
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

926 S 2ND ST
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

926 S 2ND ST
SUITE 709
JACKSONVILLE BEACH, FL 32250

FEI Number: 59-3138572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WINTER, W. ALAN ESQ
310 THIRD ST.
NEPTUNE BEACH, FL 32266 US

Name and Address of New Registered Agent:

WINTER, W. ALAN ESQ
310 THIRD ST.
SUITE 709
NEPTUNE BEACH, FL 32266 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: ALAN WINTER P.A. ESQ

02/18/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR
Name: RHODES, STEVEN L
Address: 926 S 2ND ST
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGR
Name: WEAVER, SHARON
Address: 320 NORTH FIRST ST STE 709
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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Name: WEAVER, SHARON
Address: 320 NORTH FIRST ST STE 709
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Name: WEAVER, SHARON
Address: 320 NORTH FIRST ST
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: STEVEN L RHODES, D.C.

DR.

02/18/2011

Electronic Signature of Signing Officer or Director

Date