

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000045069

Entity Name: KNOB HEALTHCARE, INC.

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

201 LAKEVIEW DR  
GULF STREAM, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

201 LAKEVIEW DR  
GULF STREAM, FL 33483

**New Mailing Address:**

FEI Number: 20-8994530

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAVID J. POWERS, P.A.  
7777 GLADES RD SUITE 300  
BOCA RATON, FL 33434 US

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

SOUAID, ROBERT G  
201 LAKEVIEW DRIVE  
GULF STREAM, FL 334837378 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: ROBERT G, SOUAID

04/08/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SOUAID, ROBERT G  
Address: 201 LAKEVIEW DR  
City-St-Zip: GULF STREAM, FL 334837378

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: ROBERT G. SOUAID

PRES

04/08/2010

Electronic Signature of Signing Officer or Director

Date