## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000089871

CORAL SPRINGS, FL 33071

Entity Name: VALIANT HEALTH CARE, INC.

FILED Apr 15, 2011 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

210 N. UNIVERSITY DRIVE 3111 N. UNIVERSITY DRIVE SUITE 810

SUITE 625

CORAL SPRINGS, FL 33065

**Current Mailing Address: New Mailing Address:** 

210 N. UNIVERSITY DRIVE 3111 N. UNIVERSITY DRIVE

SUITE 810 SUITE 625 CORAL SPRINGS, FL 33071

CORAL SPRINGS, FL 33065

FEI Number: 26-0655541 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

TURNER, STEVEN TURNER, STEVEN 210 N. UŃIVERSITY DRIVE 3111 N. ÚNIVERSITY DRIVE SUITE 810 SUITE 625

CORAL SPRINGS, FL 33071 US CORAL SPRINGS, FL 33065 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: 04/15/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PRFS

TURNER, STEVEN Name:

3111 N. UNIVERSITY DRIVE, SUITE 625 Address:

City-St-Zip: CORAL SPRINGS, FL 33065

Title: VΡ

Name: ROSWELL, JOHN

3111 N. UNIVERSITY DRIVE, SUITE 625 Address:

CORAL SPRINGS, FL 33065 City-St-Zip:

Title: CFO

RODRIGUEZ, ANGELA C Name:

3111 N. UNIVERSITY DRIVE, SUITE 625 Address:

City-St-Zip: CORAL SPRINGS, FL 33065

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.

Ρ SIGNATURE: STEVEN TURNER 04/15/2011