

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000100627

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** OPEN PERSONALIZED HEALTH INFORMATICS CORP.

**Current Principal Place of Business:**

15625 NW 15 AVENUE  
MIAMI, FL 33169 US

**New Principal Place of Business:**

**Current Mailing Address:**

15625 NW 15 AVENUE  
SUITE 15  
MIAMI, FL 33169 US

**New Mailing Address:**

15625 NW 15 AVENUE  
MIAMI, FL 33169 US

**FEI Number:** 26-0881464

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LACAL, JOSE C  
1116 RIALTO DRIVE  
BOYNTON BEACH, FL 33436 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LACAL, JOSE C  
Address: 1116 RIALTO DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436 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: JOSE C. LACAL

D

04/29/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date