

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000119089

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** SANDEL'S PRIMARY HEALTH CARE CENTER, INC.

**Current Principal Place of Business:**

7750 PALM RIVER ROAD  
TAMPA, FL 33619 US

**New Principal Place of Business:**

**Current Mailing Address:**

7750 PALM RIVER ROAD  
TAMPA, FL 33619 US

**New Mailing Address:**

**FEI Number:** 59-3543788      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

FRENCH-ROSE, SANDRA E CEO  
7750 PALM RIVER ROAD  
TAMPA, FL 33619 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:** V  
**Name:** ROSE, GERMAINE  
**Address:** 4235 BALINGTON DRIVE  
**City-St-Zip:** VALRICO, FL 33596 US

**Title:** TPD  
**Name:** FRENCH-ROSE, SANDRA  
**Address:** 7750 PALM RIVER ROAD  
**City-St-Zip:** TAMPA, FL 33619 US

**Title:** S  
**Name:** ROSE, ANTOWAN  
**Address:** 4235 BALINGTON DRIVE  
**City-St-Zip:** VALRICO, FL 33596 US

**Title:** AS  
**Name:** ROSE, ALETHIA A  
**Address:** 4235 BALINGTON DRIVE  
**City-St-Zip:** VALRICO, FL 33596 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: SANDRA E. FFRENCH-ROSE

CEO

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date