## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000122035

Entity Name: ALICE MAE CHATTMAN HEALTH CARE CORPORATION

FILED Feb 22, 2008 Secretary of State

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

401 SW 13TH PLACE

722

DEERFIELD BEACH, FL 33441 US

Current Mailing Address: New Mailing Address:

401 SW 13TH PLACE

DEERFIELD BEACH, FL 33441 US

FEI Number: 26-1568359 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:

CHAPPMAN, ALICE MAE
401 SW 13TH PLACE
401 SW 13TH PLACE
APT 722

CHATTMAN, ALICE MAE
401 SW 13TH PLACE
APT 722

DEERFIELD BEACH, FL 33441 US DEERFIELD BEACH, FL 33441 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: ALICE M CHATTMAN 02/22/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition CHAPPMAN, ALICE MAE CHATTMAN, ALICE MAE Name: Name: 401 SW 13TH PLACE , APT 722 Address: 401 SW 13TH PLACE, APT 722 Address: City-St-Zip: DEERFIELD BEACH, FL 33441 City-St-Zip: DEERFIELD BEACH, FL 33441

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALICE M CHATTMAN P 02/22/2008