

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000000944

**FILED**  
**Jul 15, 2011**  
**Secretary of State**

**Entity Name:** REGIONAL ENTERPRISES FOR HEALTH CORPORATION

**Current Principal Place of Business:**

2001 W BUSCH BLVD  
A  
TAMPA, FL 33612 US

**New Principal Place of Business:**

**Current Mailing Address:**

2001 W BUSCH BLVD  
A  
TAMPA, FL 33612 US

**New Mailing Address:**

**FEI Number:** 32-0227286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VIZCAY, SARA  
2001 W. BUSCH BLVD  
STE.A  
TAMPA, FL 33612 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: VIZCAY, SARA  
Address: 2001 W. BUSCH BLVD. STE.A  
City-St-Zip: TAMPA, FL 33612 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: SARA VIZCAY

PRES

07/15/2011

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

\_\_\_\_\_  
Date