

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000012380

FILED
Jan 12, 2011
Secretary of State

Entity Name: HILLSBOROUGH RIVER HEALTH CENTER, INC.

Current Principal Place of Business:

2511 SWAN AVENUE SUITE 205
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

2511 SWAN AVENUE SUITE 205
TAMPA, FL 33609

New Mailing Address:

FEI Number: 26-1090271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UBA-CHUKWUEKE, AMBROSE
11621 RENAISSANCE VIEW COURT
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

UBA-CHUKWUEKE, AMBROSE
10612 CHAMBERS DRIVE
TAMPA, FL 33626 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:

Electronic Signature of Registered Agent

01/12/2011

Date

OFFICERS AND DIRECTORS:

Title: P
Name: UBA-CHUKWUEKE, AMBROSE I
Address: 10612 CHAMBERS DRIVE
City-St-Zip: TAMPA, FL 33626

Title: VP
Name: CHUKWUEKE, MIEBA C
Address: 10612 CHAMBERS DRIVE
City-St-Zip: TAMPA, FL 33626

Title: S
Name: EKINE-HARRY, ELIZABETH
Address: 8535 DEER CHASE DRIVE
City-St-Zip: RIVERVIEW, FL 33589

Title: T
Name: CHUKWUEKE, MIEBA
Address: 10612 CHAMBERS DRIVE
City-St-Zip: TAMPA, FL 33626

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: AMBROSE I. UBA-CHUKWUEKE

P

01/12/2011

Electronic Signature of Signing Officer or Director

Date