

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000014578

FILED
Mar 28, 2009
Secretary of State

Entity Name: FAMILY FIRST HEALTH CENTER INC.

Current Principal Place of Business:

788 IOWA ST
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

1898 S. CLYDE MORRIS BLVD.
SUITE 360
DAYTONA BEACH, FL 32119 US

Current Mailing Address:

788 IOWA ST
DAYTONA BEACH, FL 32114 US

New Mailing Address:

1898 S. CLYDE MORRIS BLVD.
SUITE 360
DAYTONA BEACH, FL 32119 US

FEI Number: 26-1921601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYNES, DELICIA M
788 IOWA ST
DAYTONA BEACH, FL 32114 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: CEO () Delete
Name: HAYNES, DELICIA M
Address: 788 IOWA ST
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DELICIA M. HAYNES, M.D.

CEO

03/28/2009

Electronic Signature of Signing Officer or Director

Date