

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000053638

Entity Name: FLORIDA HEALTH GROUP, INC.

FILED
May 28, 2009
Secretary of State

Current Principal Place of Business:

8974 SE BRIDGE ROAD
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

8974 SE BRIDGE ROAD
HOBE SOUND, FL 33455

New Mailing Address:

FEI Number: 26-2689018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENRY, FRANK
3624 SW QUAIL MEADOW TRAIL, UNIT E.
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

HENRY, FRANK
8974 SE BRIDGE ROAD
HOBE SOUND, FL 33455 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: FRANK HENRY

05/28/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HENRY, BRUCE
Address: 7971 SE HEMPSTEAD CIRCLE
City-St-Zip: HOBE SOUND, FL 33455

Title: S () Delete
Name: STOCKS, DONNA
Address: 7971 SE HEMPSTEAD CIRCLE
City-St-Zip: HOBE SOUND, FL 33455

Title: T (X) Delete
Name: MOTTAGHI, FARHAD
Address: 3171 VILLAGE BLVD. #101
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DONNA STOCKS

S

05/28/2009

Electronic Signature of Signing Officer or Director

Date