2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000071029

Entity Name: ZENN HEALTHCARE INC.

FILED Sep 05, 2009 Secretary of State

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

5291 SHADOWLAWN AVE TAMPA, FL 33610

Current Mailing Address: New Mailing Address:

5291 SHADOWLAWN AVE TAMPA, FL 33610

FEI Number: 26-3075202 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

M B ACCOUNTING 11706 U S HWY 301 THONOTOSASSA, FL 33592 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

in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DPT () Delete

 Name:
 MCTIGUE JR, EDWARD J

 Address:
 3146 BENT CREEK

 City-St-Zip:
 VALRICO, FL 33592

Title: DVPS (X) Delete
Name: MCTIGUE, JENNIFER
Address: 3146 BENT CREEK DR

Address: 3146 BENT CREEK DR City-St-Zip: VALRICO, FL 33596 Title: DPT (X) Change () Addition
Name: GORDON, GEORGE I
Address: 937 SHOALS LANDING DR
City-St-Zip: BRANDON, FL 33511

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: GEORGE I GORDON PRES 09/05/2009