

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000080337

**FILED**  
**Sep 14, 2010**  
**Secretary of State**

**Entity Name:** STAR LITE HEALTH CENTER INC

**Current Principal Place of Business:**

922 E. SAMPLE ROAD  
POMPANO BEACH, FL 33064 US

**New Principal Place of Business:**

**Current Mailing Address:**

922 E. SAMPLE ROAD  
POMPANO BEACH, FL 33064 US

**New Mailing Address:**

**FEI Number:** 26-3262336

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BONOFF, ERIC DR.  
922 E. SAMPLE ROAD  
POMPANO BEACH, FL 33064 US

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

BONOFF, ERIK DR.  
922 E. SAMPLE ROAD  
POMPANO BEACH, FL 33064 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:** ERIK BONOFF

09/14/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BONOFF, ERIK N  
**Address:** 922 E. SAMPLE ROAD  
**City-St-Zip:** POMPANO BEACH, FL 33064 FL

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:** ERIK BONOFF

PRES

09/14/2010

Electronic Signature of Signing Officer or Director

Date