

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000080991

Entity Name: DENALI HEALTHCARE, P.A.

FILED
Aug 26, 2009
Secretary of State

Current Principal Place of Business:

6415 CLARK STREET
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

6415 CLARK STREET
HUDSON, FL 34667

New Mailing Address:

7257 NW 4TH BLVD
71
GAINESVILLE, FL 32607

FEI Number: 26-3293479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKRI, MARY R
6415 CLARK STREET
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

AKRI, ELIEZER
3000 SW 35 PLACE
H302
GAINESVILLE, FL 32608 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: ELIEZER AKRI

08/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AKRI, ELIEZER DO
Address: 6415 CLARK STREET
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: AKRI, ELIEZER
Address: 3000 SW 35 PLACE APT H302
City-St-Zip: GAINESVILLE, FL 32608

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: ELIEZER AKRI

D

08/26/2009

Electronic Signature of Signing Officer or Director

Date