2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2009
Secretary of State

DOCUMENT# P08000090404

Entity Name: LEWIS HEALTH INSTITUTE, INC.

Current Principal Place of Business:

1803 S. 25TH STREET
1
FORT PIERCE, FL 34947

New Principal Place of Business:

8980 S US HIGHWAY 1
102
PORT ST LUCIE, FL 34952

Current Mailing Address:

1803 S. 25TH STREET
1
FORT PIERCE, FL 34947

New Mailing Address:

8980 S US HIGHWAY 1
102
PORT ST LUCIE, FL 34952

FEI Number: 26-3500479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS, YOLANDA V
1803 S. 25TH STREET
1
FORT PIERCE, FL 34947 US

Name and Address of New Registered Agent:

LEWIS, YOLANDA V
8980 S US HIGHWAY 1
102
PORT ST LUCIE, FL 34952 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: 05/19/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVD ( ) Delete
Name: LEWIS, YOLANDA V
Address: 1803 S. 25TH, SUITE 1
City-St-Zip: FORT PIERCE, FL 34947

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVD (X) Change ( ) Addition
Name: LEWIS, YOLANDA V
Address: 8980 S US HIGHWAY 1
City-St-Zip: PORT ST LUCIE, FL 34952

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: YOLANDA LEWIS PVD 05/19/2009
Electronic Signature of Signing Officer or Director — Date