2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2011
Secretary of State

DOCUMENT# P08000090404

Entity Name: LEWIS HEALTH INSTITUTE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

PO BOX 1447
FT PIERCE, FL 34954

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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: YOLANDA V LEWIS, MD PVD 03/07/2011

Electronic Signature of Signing Officer or Director — Date