

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000090404

FILED
Jan 30, 2012
Secretary of State

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:

PO BOX 1447
FT PIERCE, FL 34954

New Mailing Address:

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, M.D.

PVD

01/30/2012

Electronic Signature of Signing Officer or Director

Date