

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000100900

FILED
Feb 25, 2011
Secretary of State

Entity Name: CENTRAL FLORIDA HEALTHCARE MANAGEMENT, INC.

Current Principal Place of Business:

ATTEN:SHELBY PARKER
4875 CASON COVE DR.
ORLANDO, FL 32811

New Principal Place of Business:

SHELBY PARKER
4875 CASON COVE DR.
ORLANDO, FL 32811

Current Mailing Address:

ATTEN:SHELBY PARKER
4875 CASON COVE DR.
ORLANDO, FL 32811

New Mailing Address:

SHELBY PARKER
4875 CASON COVE DR.
ORLANDO, FL 32811

FEI Number: 26-3709254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKER, SHELBY T
451 SPANISH WELLS COURT
WINTER GARDEN, FL 34787 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: MGR
Name: PARKER, SHELBY
Address: 451 SPANISH WELLS CT
City-St-Zip: WINTER GARDE, FL 34787

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: SHELBY T PARKER

MGR

02/25/2011

Electronic Signature of Signing Officer or Director

Date