

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000030330

Entity Name: H&P HEALTH, INC.

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

11450 LAKESHORE DRIVE  
COOPER CITY, FL 33026

**New Principal Place of Business:**

919 FALLING WATER ROAD  
WESTON, FL 33326

**Current Mailing Address:**

11450 LAKESHORE DRIVE  
COOPER CITY, FL 33026

**New Mailing Address:**

919 FALLING WATER ROAD  
WESTON, FL 33326

FEI Number: 80-0391269

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANDERSON, MARY  
11450 LAKESHORE DRIVE  
COOPER CITY, FL 33026 US

**Name and Address of New Registered Agent:**

ANDERSON, MARY  
919 FALLING WATER ROAD  
WESTON, FL 33326 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/05/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ANDERSON, MARY  
Address: 919 FALLING WATER ROAD  
City-St-Zip: WESTON, FL 33326

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: MARY ANDERSON

PRES

04/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date