

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000037641

FILED
Mar 15, 2011
Secretary of State

Entity Name: MANRESA HEALTHCARE INC.

Current Principal Place of Business:

8508 N. TALIAFERRO AVE
TAMPA, FL 33604

New Principal Place of Business:

8508 N. TALIAFERRO AVE
TAMPA, FL 33604 US

Current Mailing Address:

PO BOX 9281
TAMPA, FL 33604

New Mailing Address:

PO BOX 9281
TAMPA, FL 33604 US

FEI Number: 26-4755208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANRESA, JOHN J
8508 N. TALIAFERRO AVE
TAMPA, FL 33604 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: MR
Name: MANRESA, JOHN J
Address: PO BOX 9281
City-St-Zip: TAMPA, FL 33604 US

Title: MR
Name: MANRESA, JOHN
Address: 8508 N TALIAFERRO AVE
City-St-Zip: TAMPA, FL 33604 US

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Name: MANRESA, JOHN
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City-St-Zip: TAMPA, FL 33604 US

Title: MR
Name: MANRESA, JOHN
Address: 8508 N TALIAFERRO AVE
City-St-Zip: TAMPA, FL 33604 US

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: JOHN J MANRESA

MR

03/15/2011

Electronic Signature of Signing Officer or Director

Date