

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000046406

FILED
Aug 29, 2010
Secretary of State

Entity Name: COMPLIANT HEALTHCARE, INC.

Current Principal Place of Business:

13109 MEADOWBREEZE DRIVE
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

13109 MEADOWBREEZE DRIVE
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 80-0417591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARD J. MONESCALCHI, P.A.
1035 SOUTH STATE ROAD 7
SUITE 216
WELLINGTON, FL 33414 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: P,VP
Name: SMITH, R. MICHAEL
Address: 13109 MEADOWBREEZE DRIVE
City-St-Zip: WELLINGTON, FL 33414 US

Title: S,T
Name: SMITH, R. MICHAEL
Address: 13109 MEADOWBREEZE DRIVE
City-St-Zip: WELLINGTON, FL 33414 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: R. MICHAEL SMITH

PRES

08/29/2010

Electronic Signature of Signing Officer or Director

Date