

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000101284

FILED
Feb 23, 2010
Secretary of State

Entity Name: GUARANTEED HEALTH, INC.

Current Principal Place of Business:

10330 N. DALE MABRY HWY.
SUITE 201
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

10330 N. DALE MABRY HWY.
SUITE 201
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 01-0939459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIZCAY, SARA
10330 N. DALE MABRY HWY.
SUITE 201
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

GONZALEZ-ROSA, ESTHER MD
10330 N. DALE MABRY HWY.
SUITE 201
TAMPA, FL 33618 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: DR. ESTHER GONZALEZ-ROSA, M.D.

02/23/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: GONZALEZ-ROSA, ESTHER
Address: 10330 N. DALE MABRY HWY., SUITE 201
City-St-Zip: TAMPA, FL 33618 US

Title: D
Name: MORENO, MIGUEL
Address: 10330 N. DALE MABRY HWY., SUITE 201
City-St-Zip: TAMPA, FL 33618 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: DR. ESTHER GONZALEZ-ROSA, M.D.

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02/23/2010

Electronic Signature of Signing Officer or Director

Date