

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000010076

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** HOUSEFATHER MEDICINE PROFESSIONAL CORPORATION

**Current Principal Place of Business:**

376 HOUNSLOW AVENUE  
TORONTO, ONTARIO  
CANADA M2R1H6, XX XX

**New Principal Place of Business:**

**Current Mailing Address:**

376 HOUNSLOW AVENUE  
TORONTO, ONTARIO  
CANADA M2R1H6, XX XX

**New Mailing Address:**

**FEI Number:** 98-0647431

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ABRAMOWITZ, MELISSA  
5161 OAK HILL LANE UNIT 414  
DELRAY BEACH, FL 33484 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: PS  
Name: HOUSEFATHER, LESLIE S  
Address: 376 HOUNSLOW AVENUE  
City-St-Zip: CANADA M2R1H6, XX XX

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: LESLIE HOUSEFATHER

PS

04/21/2011

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

\_\_\_\_\_ Date