

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000019143

Entity Name: BALDA HEALTH, INC.

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10 INLET CAY DR  
OCEAN RIDGE, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

10 INLET CAY DR  
OCEAN RIDGE, FL 33435

**New Mailing Address:**

FEI Number: 27-2025587

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BALDA, LAURA M M.D.  
10 INLET CAY DR  
OCEAN RIDGE, FL 33435 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  
Name: BALDA, LAURA M M.D.  
Address: 10 INLET CAY DR  
City-St-Zip: OCEAN RIDGE, FL 33435 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: LAURA M BALDA

PRES

02/18/2011

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

\_\_\_\_\_  
Date