

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000042512

**FILED**  
**Jun 12, 2012**  
**Secretary of State**

**Entity Name:** WEBB HEALTH CARE NETWORK INC.

**Current Principal Place of Business:**

5114 DR. PHILLIPS BLVD.  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

5114 DR. PHILLIPS BLVD.  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 59-3725476

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WEBB, AUDRENE  
5114 DR. PHILLIPS BLVD.  
ORLANDO, FL 32819 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: D  
Name: WEBB, AUDRENE  
Address: 5536 OXFORD MOOR BLVD.  
City-St-Zip: WINDERMERE, FL 34786

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: AUDRENE WEBB RN

PRES

06/12/2012

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

\_\_\_\_\_ Date