

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000073327

Entity Name: M.A. HEALTH CORP

**FILED**  
**Mar 25, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

19317 SW 27TH STREET  
MIRAMAR, FLORIDA, 33029

## **New Principal Place of Business:**

19317 SW 27TH STREET  
MIRAMAR, FL 33029

## **Current Mailing Address:**

19317 SW 27TH STREET  
MIRAMAR, FLORIDA, 33029

## **New Mailing Address:**

19317 SW 27TH STREET  
MIRAMAR, FL 33029

FEI Number: 27-3408528

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CUTLER, H. JEFFREY  
2 ALHAMBRA PLAZA  
PENTHOUSE 2-C  
CORAL GABLES, FL 33134 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, D  
Name: ARRESEIGNOR, MARTIN  
Address: 19317 SW 27TH STREET  
City-St-Zip: MIRAMAR, FL 33029 US

Title: TREA  
Name: ARRESEIGNOR, MARTIN  
Address: 19317 SW 27TH STREET  
City-St-Zip: MIRAMAR, FL 33029 US

Title: SEC  
Name: ARRESEIGNOR, MARTIN  
Address: 19317 SW 27TH STREET  
City-St-Zip: MIRAMAR, FL 33029 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: MARTIN ARRESEIGOR

PD

03/25/2011

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

\_\_\_\_\_  
Date