

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000087341

FILED  
Apr 28, 2011  
Secretary of State

Entity Name: CITYCARE HEALTH SYSTEM, INC

**Current Principal Place of Business:**

4511 GANDY BLVD  
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

4511 GANDY BLVD  
TAMPA, FL 33611

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOCK, DAVID J  
4511 GANDY BLVD  
TAMPA, FL 33611 US

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

DUCHESNEAU, MICHAEL A MD  
4015 BAYSHORE BLVD  
16A  
TAMPA, FL 33611 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: MICHAEL A DUCHESNEAU MD

04/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DUCHESNEAU, MICHAEL A MD  
Address: 4511 GANDY BLVD  
City-St-Zip: TAMPA, FL 33611

Title: V,D  
Name: COMPETELLI, PATRICK  
Address: 4511 GANDY BLVD  
City-St-Zip: TAMPA, FL 33611

Title: STD  
Name: KEHR, JEFF  
Address: 4511 GANDY BLVD  
City-St-Zip: TAMPA, FL 33611

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: MICHAEL A DUCHESNEAU MD

P,D

04/28/2011

Electronic Signature of Signing Officer or Director

Date