

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000089880

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** FELICIDAD HEALTH CENTER PA

**Current Principal Place of Business:**

2565 NORTH DIXIE HIGHWAY  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 7107  
DELRAY BEACH, FL 33482

**New Mailing Address:**

**FEI Number:** 27-3764335

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMPSON, ISAAC  
6200 W. ATLANTIC AVE  
SUITE 100  
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:** P  
**Name:** THOMPSON, ISAAC  
**Address:** 6200 W. ATLANTIC AVE, SUITE 100  
**City-St-Zip:** DELRAY BEACH, FL 33484

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:** ISAAC THOMPSON

MR

01/06/2011

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

\_\_\_\_\_  
Date