2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2012
Secretary of State

DOCUMENT# P11000008420

Entity Name: MAGNOLIA HEALTH MANAGEMENT CORPORATION

Current Principal Place of Business:

1500 W. CYPRESS CREEK RD.
SUITE 417
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

1500 W. CYPRESS CREEK RD.
SUITE 417
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 27-5001915 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMILTON, ROY D
1500 W. CYPRESS CREEK RD.
SUITE 417
FORT LAUDERDALE, FL 33309 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: HAMILTON, ROY D
Address: 1500 W. CYPRESS CREEK RD., STE. 417
City-St-Zip: FORT LAUDERDALE, FL 33309 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: ROY HAMILTON D 04/24/2012

Electronic Signature of Signing Officer or Director Date