

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000018666

FILED
Apr 17, 2012
Secretary of State

Entity Name: INDEPENDENCE HEALTHCARE, INC.

Current Principal Place of Business:

27499 RIVERVIEW CENTER BLVD
SUITE 231
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

Current Mailing Address:

4356 COUNTRY CLUB BLVD
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 45-1451813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: DTR
Name: MCFADDEN, LYNN M
Address: 4356 COUNTRY CLUB BLVD.
City-St-Zip: CAPE CORAL, FL 33904

Title: O
Name: WILSON, CARL L SR
Address: 1117 SE 30TH STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: O
Name: WILSON, VIRGINIA L
Address: 1117 SE 30TH STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: O
Name: MCFADDEN, RAYMOND J
Address: 4356 COUNTRY CLUB BLVD
City-St-Zip: CAPE CORAL, FL 33904

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: LYNN M. MCFADDEN

DTR

04/17/2012

Electronic Signature of Signing Officer or Director

Date