

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000059069

Entity Name: UNION HEALTH, CORP.

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

15495 EAGLE NEST LN SUITE 100  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

15495 EAGLE NEST LN  
100  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

15495 EAGLE NEST LN SUITE 100  
MIAMI LAKES, FL 33014

**New Mailing Address:**

15495 EAGLE NEST LN  
100  
MIAMI LAKES, FL 33014

FEI Number: 45-2653946

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAMBERT, IVAN JR  
15495 EAGLE NEST LN SUITE 100  
MIAMI LAKES, FL 33014 US

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

LAMBERT, IVAN JR  
15495 EAGLE NEST LN  
100  
MIAMI LAKES, FL 33014 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: IVAN LAMBERT JR.

04/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LAMBERT, IVAN JR  
Address: 15495 EAGLE NEST LN SUITE 100  
City-St-Zip: MIAMI LAKES, FL 33014

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: IVAN LAMBERT JR.

PRES

04/13/2012

Electronic Signature of Signing Officer or Director

Date