2012 FOR PROFIT CORPORATION ANNUAL REPORT

Electronic Signature of Registered Agent

DOCUMENT# P11000060337

Entity Name: KNIGHTSBRIDGE HEALTHCARE, INC.

FILED Apr 20, 2012 Secretary of State

Date

Current Principal Place of Business:		New Principal Place of Business:	
7364 MONETA STREET LAKE WORTH, FL 33467	US		
Current Mailing Address:		New Mailing Address:	
7364 MONETA STREET LAKE WORTH, FL 33467	US		
FEI Number:	FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
SHEWARD, TRACEY 7364 MONETA STREET LAKE WORTH, FL 33467	US		
The above named entity su	bmits this statement for the pur	pose of changing its registered o	office or registered agent, or both,

OFFICERS AND DIRECTORS:

Title: PRES

SIGNATURE:

Name: SHEWARD, TRACEY
Address: 7364 MONETA STREET
City-St-Zip: LAKE WORTH, FL 33467

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: TRACEY SHEWARD PRES 04/20/2012