2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2012
Secretary of State

DOCUMENT# P11000069486

Entity Name: FLORIDA HEALTH ADVISORS, INC.

Current Principal Place of Business:

8707 SUNRISE JIB WAY
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

8707 SUNRISE JIB WAY
TAMPA, FL 33615

New Mailing Address:

FEI Number: 32-0351568 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONDAY, RACHEL M
8707 SUNRISE JIB WAY
TAMPA, FL 33615 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: MONDAY, RACHEL M
Address: 8707 SUNRISE JIB WAY
City-St-Zip: TAMPA, FL 33615

Title: S
Name: MONDAY, RACHEL M
Address: 8707 SUNRISE JIB WAY
City-St-Zip: TAMPA, FL 33615

Title: T
Name: MONDAY, RACHEL M
Address: 8707 SUNRISE JIB WAY
City-St-Zip: TAMPA, FL 33615

Title: D
Name: MONDAY, RACHEL M
Address: 8707 SUNRISE JIB WAY
City-St-Zip: TAMPA, FL 33615

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: RACHEL MONDAY PRES 03/30/2012

Electronic Signature of Signing Officer or Director Date