

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000083188

**FILED**  
**Feb 02, 2012**  
**Secretary of State**

**Entity Name:** EAST-WEST HEALTH PARTNERS, INC.

**Current Principal Place of Business:**

9050 58TH DRIVE EAST  
BRADENTON, FL 34202 US

**New Principal Place of Business:**

9050 58TH DRIVE EAST  
SUITE A101  
BRADENTON, FL 34202 US

**Current Mailing Address:**

9050 58TH DRIVE EAST  
BRADENTON, FL 34202 US

**New Mailing Address:**

9050 58TH DRIVE EAST  
SUITE A101  
BRADENTON, FL 34202 US

**FEI Number:** 45-3535186

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
SUITE A  
TAMPA, FL 33612 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, T  
Name: LOUISELLE, MICHELE  
Address: 9050 58TH DRIVE EAST, A101  
City-St-Zip: BRADENTON, FL 34202 US

Title: S, D  
Name: LOUISELLE, MICHELE  
Address: 9050 58TH DRIVE EAST, A101  
City-St-Zip: BRADENTON, FL 34202 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: MICHELE LOUISELLE

PRES

02/02/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date