

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000090480

**FILED**  
**Apr 06, 2012**  
**Secretary of State**

**Entity Name:** CARDOZO HEALTH SERVICES INC

**Current Principal Place of Business:**

7211 SAN LUIS CRT  
TAMPA, FL 33634 US

**New Principal Place of Business:**

**Current Mailing Address:**

7211 SAN LUIS CRT  
TAMPA, FL 33634 US

**New Mailing Address:**

**FEI Number:** 45-3611885

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CARDOZO MARIN, VICTOR  
7211 SAN LUIS CRT  
TAMPA, FL 33634 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: CARDOZO MARIN, VICTOR  
Address: 7211 SAN LUIS CRT  
City-St-Zip: TAMPA, FL 33634

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: VICTOR CARDOZO MARIN

P

04/06/2012

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

\_\_\_\_\_  
Date