2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2012
Secretary of State

DOCUMENT# P11000091782

Entity Name: COMMUNITY HEALTH PROVIDERS, INC.

Current Principal Place of Business:

1321 NW 14TH STREET, SUITE #404
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

1321 NW 14TH STREET, SUITE #404
MIAMI, FL 33125

New Mailing Address:

P.O.BOX 565937
MIAMI, FL 33256

FEI Number: 37-1650386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, PLINIO
1321 NW 14TH STREET, SUITE #404
MIAMI, FL 33125 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: PTSD
Name: GONZALEZ, PLINIO
Address: P.O.BOX 565937
City-St-Zip: MIAMI, FL 33256

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: PLINIO GONZALEZ PTSD 03/21/2012

Electronic Signature of Signing Officer or Director Date