

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000004791

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** CD HEALTH SERVICES, INC.

**Current Principal Place of Business:**

609 OLD FORT ROAD  
FAIRVIEW, NC 28730 US

**New Principal Place of Business:**

**Current Mailing Address:**

609 OLD FORT ROAD  
FAIRVIEW, NC 28730 US

**New Mailing Address:**

**FEI Number:** 59-3305057      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MCDONOUGH, DARIA  
284 N HALIFAX DR  
ORMOND BCH, FL 32176 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: PST  
Name: RICE, CONNIE  
Address: 609 OLD FORT RD  
City-St-Zip: FAIRVIEW, NC 28730

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: CONNIE RICE

PRES

04/24/2012

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

\_\_\_\_\_ Date