2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# P97000000035

Entity Name: COTLER HEALTH CARE & DEVELOPMENT, INC.

Current Principal Place of Business:

901 S 62ND AVE
HOLLYWOOD, FL 33023 US

New Principal Place of Business:

Current Mailing Address:

901 S 62ND AVE
HOLLYWOOD, FL 33023 US

New Mailing Address:

FEI Number: 65-0716603 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COTLER, KERRY M. PHD
11352 HAWK HOLLOW ROAD
WEST PALM BEACH, FL 33467 US

Name and Address of New Registered Agent:

COTLER, KERRY M PH.D.
11352 HAWK HOLLOW ROAD
WEST PALM BEACH, FL 33467 US

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: KERRY M. COTLER, PH.D. 01/08/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: COTLER, KERRY M PH.D.
Address: 901 S 62ND AVE
City-St-Zip: HOLLYWOOD, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: COTLER, KERRY M PH.D.
Address: 901 S 62ND AVE
City-St-Zip: HOLLYWOOD, FL 33023

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KERRY M. COTLER, PH.D. DR. 01/08/2008
Electronic Signature of Signing Officer or Director Date