

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000023235

**FILED**  
**Jan 16, 2011**  
**Secretary of State**

**Entity Name:** TREE OF LIFE HEALTH CARE, P.A.

**Current Principal Place of Business:**

501 VILLAGE GREEN PKWY #4  
BRADENTON, FL 34209

**New Principal Place of Business:**

501 VILLAGE GREEN PKWY #4  
4  
BRADENTON, FL 34209

**Current Mailing Address:**

501 VILLAGE GREEN PKWY #4  
BRADENTON, FL 34209

**New Mailing Address:**

501 VILLAGE GREEN PKWY #4  
4  
BRADENTON, FL 34209

FEI Number: 65-0766031

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CLARK, ELAINE R  
501 VILLAGE GREEN PKWY #4  
BRADENTON, FL 34209 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: CLARK, ELAINE  
Address: 501 VILLAGE GREEN PKWY #4  
City-St-Zip: BRADENTON, FL 34209

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: ELAINE R. CLARK

PRES

01/16/2011

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

\_\_\_\_\_ Date