

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000042675

FILED
Jan 06, 2011
Secretary of State

Entity Name: SCENIC HEALTH ALLIANCE, INC.

Current Principal Place of Business:

4711 SCENIC HWY
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

4711 SCENIC HWY
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 59-3572042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGRATH, CHARLES P DR
4711 SCENIC HWY
PENSACOLA, FL 32504 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: VPS
Name: BATES, BENJAMIN F PH.D.
Address: 4711 SCENIC HIGHWAY
City-St-Zip: PENSACOLA, FL 32504

Title: P
Name: MCGRATH, CHARLES P DR.
Address: 4711 SCENIC HWY
City-St-Zip: PENSACOLA, FL 32504

Title: D, T
Name: BELL, JAYNE N C.P.A.
Address: 4711 SCENIC HWY
City-St-Zip: PENSACOLA, FL 32504

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: BENJAMIN F. BATES, PH.D.

VP S

01/06/2011

Electronic Signature of Signing Officer or Director

Date