2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2011
Secretary of State

DOCUMENT# P99000006772

Entity Name: FLORIDA NATURAL HEALTHCARE CENTER, INC.

Current Principal Place of Business:

9700 STIRLING RD. #107
COOPER CITY, FL 33024

New Principal Place of Business:

Current Mailing Address:

9700 STIRLING RD. #107
COOPER CITY, FL 33024

New Mailing Address:

FEI Number: 65-0889910 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEBRON-CHADWICK, WANDA
10477 SW 49TH PLACE
COOPER CITY, FL 33328 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: D
Name: CHADWICK, AARON
Address: 10477 SW 49TH PL
City-St-Zip: COOPER CITY, FL 33328

Title: D
Name: LEBRON-CHADWICK, WANDA
Address: 10477 SW 49TH PL
City-St-Zip: COOPER CITY, FL 33328

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: AARON CHADWICK D 02/18/2011

Electronic Signature of Signing Officer or Director Date