2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000025169

Entity Name: CENTRAL HEALTH ASSOCIATES, P.A.

FILED Feb 05, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4925 OLD LAKELANI	HWY 37 D, FL 33813				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
4925 OLD LAKELANI	HWY 37 D, FL 33813				
FEI Number:	: 59-3565250	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
6531 CRE	A, F. GEORGE SCENT LK DR D, FL 33813				
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	ic Signature of Registered Age	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DTP (MEHANNA, F. 0 6531 CRESCE LAKELAND, FL	NT LK DR	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: F. GEORGE MEHANNA DTP 02/05/2009