

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000056766

FILED  
Apr 02, 2010  
Secretary of State

**Entity Name:** TEQUESTA HEALTH CENTER, INC.

**Current Principal Place of Business:**

169 TEQUESTA DRIVE  
SUITE 12E  
TEQUESTA, FL 33469

**New Principal Place of Business:**

**Current Mailing Address:**

169 TEQUESTA DRIVE  
SUITE 12E  
TEQUESTA, FL 33469

**New Mailing Address:**

**FEI Number:** 65-0938508

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MURPHY, BONNIE M DO  
169 TEQUESTA DR  
STE 12E  
TEQUESTA, FL 33469 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: MURPHY, BONNIE M  
Address: 169 TEQUESTA DRIVE  
City-St-Zip: TEQUESTA, FL 33469

Title: PST  
Name: CORRY, MARK  
Address: 169 TEQUESTA DR  
City-St-Zip: TEQUESTA, FL 33469

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: MARK CORRY, M.D.

PST

04/02/2010

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

\_\_\_\_\_  
Date