

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000088986

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Entity Name:** NATURAL HEALTH CARE CLINIC, INC.

**Current Principal Place of Business:**

2713 N ANDREWS AVENUE  
# 7  
WILTON MANORS, FL 33311

**New Principal Place of Business:**

2713 N ANDREWS AVENUE  
WILTON MANORS, FL 33311

**Current Mailing Address:**

2713 N ANDREWS AVENUE  
# 7  
WILTON MANORS, FL 33311

**New Mailing Address:**

2713 N ANDREWS AVENUE  
WILTON MANORS, FL 33311

**FEI Number:** 65-0953815

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSON, MICHAEL H ESQ.  
11724 NW 48TH STREET  
CORAL SPRINGS, FL 33076 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:** PSTD  
**Name:** RHODEN, PETER-JOHN A  
**Address:** 6170 SW 195TH AVENUE  
**City-St-Zip:** PEMBROKE PINES, FL 33332

**Title:** VD  
**Name:** DALUS, EDDY  
**Address:** 4816 NW 14TH STREET  
**City-St-Zip:** COCONUT CREEK, FL 33063

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:** PETER-JOHN A RHODEN

PSTD

02/22/2010

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

\_\_\_\_\_  
Date