## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S22031

City-St-Zip:

FT. MYERS, FL 33907

Entity Name: SPECIALISTS IN HEALTHCARE, P.A.

FILED Mar 26, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	SON CORBIN C S, FL 33907				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	SON CORBIN C S, FL 33907	T US			
FEI Number	: 65-0232812	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
5030 MAS	TEJVIR S., ME SON CORBIN C S,, FL 33907				
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	D () CHADHA, TEJV 5030 MASON C		Title: Name: Address:	( ) Change ( ) Addition	

City-St-Zip:

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: TEJVIR S CHADHA PRES 03/26/2009