

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S81637

FILED  
Jan 10, 2011  
Secretary of State

**Entity Name:** STELLA MARIS HEALTHCARE CORPORATION

**Current Principal Place of Business:**

1045 95 ST  
100  
BAY HARBOR ISLANDS, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

1045 95 ST  
100  
BAY HARBOR ISLANDS, FL 33154

**New Mailing Address:**

**FEI Number:** 65-0501517      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HERRUP, LAURENCE A  
326 71ST STREET  
MIAMI BEACH, FL 33141      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:** PSTD  
**Name:** DIPIETRO, OLIVER R  
**Address:** 1045 95 ST, SUITE 100  
**City-St-Zip:** BAY HARBOR ISLANDS, FL 33154

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: OLIVER R DI PIETRO

PRES

01/10/2011

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

\_\_\_\_\_ Date