

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000122035

**Entity Name:** ALICE MAE CHATTMAN HEALTH CARE CORPORATION

**Current Principal Place of Business:**

172 NW 15TH PLACE  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

172 NW 15TH PLACE  
POMPANO BEACH, FL 33060 US

**FEI Number:** 26-1568359

**Certificate of Status Desired:** No

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

CHATTMAN, ALICE MAE  
172 NW 15TH PLACE  
POMPANO BEACH, FL 33060 US

*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

**Officer/Director Detail :**

Title P  
Name CHATTMAN, ALICE MAE  
Address 172 NW 15TH PLACE  
City-State-Zip: POMPANO BEACH FL 33060

*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:** ALICE MAE CHATTMAN

**PRESIDENT**

**04/28/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date