

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000122035

Entity Name: ALICE MAE CHATTMAN HEALTH CARE CORPORATION

Current Principal Place of Business:

50 NE 1ST STREET
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

03/19/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date