

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000082050

**Entity Name:** DC HEALTH CENTERS, P.A.

**Current Principal Place of Business:**

7797 N. UNIVERSITY DR., SUITE 101  
TAMARAC, FL 33321

**Current Mailing Address:**

7797 N UNIVERSITY DR  
#101  
TAMARAC, FL 33321

**FEI Number:** 45-3236865

**Certificate of Status Desired:** No

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

CANE, STEVEN DR  
7797 N UNIVERSITY DR  
#101  
TAMARAC, FL 33321 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 DR  
Name CANE, STEVEN DR  
Address 7797 N UNIVERSITY DR #101  
City-State-Zip: TAMARAC FL 33321

Title DR  
Name KOSTZER, DIEGO DR  
Address 7797 N UNIVERSITY DR #101  
City-State-Zip: TAMARAC FL 33321

*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:** DR STEVEN CANE

**PRESIDENT**

**01/18/2014**

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

\_\_\_\_\_  
Date