

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000000318

Entity Name: ARBOR HEALTH SYSTEMS, INC.

Current Principal Place of Business:

4818 KYLEMORE COURT
PALM HARBOR, FL 34685

Current Mailing Address:

4818 KYLEMORE COURT
PALM HARBOR, FL 34685

FEI Number: 59-3221410

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

EDSON, DAVID P
4816 KLYLEMORE COURT
PALM HARBOR, FL 34685 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 PST
Name EDSON, DAVID P
Address 4818 KYLEMORE COURT
City-State-Zip: PALM HARBOR FL 34685

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: DAVID P. EDSON

PRESIDENT

03/15/2014

Electronic Signature of Signing Officer/Director Detail

Date