

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000068925

Entity Name: TOWER HEALTH CENTER, INC.

Current Principal Place of Business:

1912 S UNIVERSITY DR
SUITE A
DAVIE, FL 33324

Current Mailing Address:

1912 S UNIVERSITY DR
SUITE A
DAVIE, FL 33324

FEI Number: 65-0857350

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAYER, CRAIG
1912 S. UNIVERSITY DRIVE
SUITE A
DAVIE, FL 33324 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 MAYER, CRAIG A
Address 2402 SW 132 WAY
City-State-Zip: DAVIE FL 33325

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: CRAIG MAYER

PRESIDENT

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date