

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000056766

Entity Name: TEQUESTA HEALTH CENTER, INC.

Current Principal Place of Business:

169 TEQUESTA DRIVE
SUITE 12E
TEQUESTA, FL 33469

Current Mailing Address:

169 TEQUESTA DRIVE
SUITE 12E
TEQUESTA, FL 33469

FEI Number: 65-0938508

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MURPHY, BONNIE MDO
169 TEQUESTA DR
STE 12E
TEQUESTA, FL 33469 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 VD
Name MURPHY, BONNIE M
Address 169 TEQUESTA DRIVE
City-State-Zip: TEQUESTA FL 33469

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: BONNIE MURPHY

PRESIDENT

01/11/2015

Electronic Signature of Signing Officer/Director Detail

Date