2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2014
Secretary of State
CC9778408073

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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: Yes

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 DO OWNER/PHYSICIAN 01/12/2014

Electronic Signature of Signing Officer/Director Detail — Date