

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005413

Entity Name: EDEN PARK HEALTH SERVICES, INC.

Current Principal Place of Business:

7300 OLEANDER AVENUE
PORT ST LUCIE, FL 34952

Current Mailing Address:

7300 OLEANDER AVENUE
PORT ST. LUCIE, FL 34952

FEI Number: 14-1548928

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRARY, LAWRENCE EIII ESQ
555 COLORADO AVE
STUART, FL 34994 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 DC
Name HOFFMAN, SCOTT H
Address 4586 S.W. LONG BAY DRIVE
City-State-Zip: PALM CITY FL 34990

Title DS
Name WANDER, FRED
Address 7 MARION AVENUE
City-State-Zip: ALBANY NY 12208

Title AS
Name BOMAN, MYRNA J
Address 7300 OLEANDER AVENUE
City-State-Zip: PORT ST LUCIE FL 34952-8221

Title AS
Name CRISPIN, MARY M
Address 7300 OLEANDER AVENUE
City-State-Zip: PORT ST LUCIE FL 34952-8221

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: MYRNA J BOMAN

ASSISTANT SECRETARY 01/12/2017

Electronic Signature of Signing Officer/Director Detail

Date