

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H39795

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC7523420350**

**Entity Name:** OCEAN HEALTH PROPERTIES, INC.

**Current Principal Place of Business:**

113 SOUTH MARKET STREET  
ELIZABETHTOWN, PA 17022

**Current Mailing Address:**

113 SOUTH MARKET STREET  
ELIZABETHTOWN, PA 17022 US

**FEI Number:** 74-2357405

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, 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	S/T	Title	P
Name	METZLER, CAROL E	Name	WILT, WALTER W
Address	113 S. MARKET STREET	Address	23 ESSEX DR
City-State-Zip:	ELIZABETHTOWN PA 17022	City-State-Zip:	PALMYRA PA 17078

*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:** CAROL E METZLER

**SEC/TREAS**

**01/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date