

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005299

FILED  
Mar 05, 2012  
Secretary of State

**Entity Name:** INSTITUTE FOR ENVIRONMENTAL HEALTH INC.

**Current Principal Place of Business:**

15300 BOTHELL WAY NE  
LAKE FOREST PARK, WA 98155

**New Principal Place of Business:**

**Current Mailing Address:**

15300 BOTHELL WAY NE  
LAKE FOREST PARK, WA 98155

**New Mailing Address:**

FEI Number: 26-0165433      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470      US

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

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

**OFFICERS AND DIRECTORS:**

Title: CPD  
Name: SAMADPOUR, MANSOUR  
Address: 16810 SHORE DRIVE NE  
City-St-Zip: LAKE FOREST PARK, WA 98155

Title: VCVF  
Name: ALFI, DALIA  
Address: 16810 SHORE DRIVE NE  
City-St-Zip: LAKE FOREST PARK, WA 98155

Title: DST  
Name: ALFI, DALIA  
Address: 16810 SHORE DRIVE NE  
City-St-Zip: LAKE FOREST PARK, WA 98155

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: DALIA ALFI

VP

03/05/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date