

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000028196

Entity Name: ASGARDHEALTH CORP.

FILED  
Feb 09, 2011  
Secretary of State

**Current Principal Place of Business:**

431 SEABREEZE AVENUE  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

1675 PALM BEACH LAKES BLVD.  
SUITE 700  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

ASGARD GROUP, INC.  
1675 PALM BEACH LAKES BOULEVARD  
SUITE 700  
WEST PALM BEACH, FL 33401 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: DP  
Name: LOVETTE, BRADFORD S  
Address: 431 SEABREEZE AVENUE  
City-St-Zip: PALM BEACH, FL 33480

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: BRADFORD S LOVETTE

DP

02/09/2011

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

\_\_\_\_\_ Date