

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000049033

**FILED**  
**Sep 01, 2010**  
**Secretary of State**

**Entity Name:** CELL PLUS ST. AUGUSTINE, INC.

**Current Principal Place of Business:**

11 DONDANVILLE ROAD  
UNIT 32  
ST. AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

**Current Mailing Address:**

11 DONDANVILLE  
UNIT 32  
ST.AUGUSTINE, FL 32080 US

**New Mailing Address:**

**FEI Number:** 20-4682946

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CUNNINGHAM, MIKE  
15165 NE 150 PL.  
FORT MCCOY, FL 32134 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: P  
Name: MCKENDREE, JOLYN  
Address: 620 SOUTH BRANCH DRIVE  
City-St-Zip: JACKSONVILLE, FL 32259 US

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: JOLYN MCKENDREE

P

09/01/2010

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

\_\_\_\_\_  
Date