

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000135287

1. Entity Name

SMART HEALTH, INC.



Principal Place of Business

7649 RICHLAND STREET
WESLEY CHAPEL FL 33544
US

Mailing Address

7649 RICHLAND STREET
WESLEY CHAPEL FL 33544
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 20-3359068

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

HAMILTON, ROBERT G
7649 RICHLAND STREET
WESLEY CHAPEL FL 33544

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HAMILTON, ROBERT G
STREET ADDRESS 7649 RICHLAND STREET
CITY- ST- ZIP WESLEY CHAPEL FL 33544 ☐ Delete

TITLE VP
NAME HAMILTON, VICTORIA H
STREET ADDRESS 7649 RICHLAND STREET
CITY- ST- ZIP WESLEY CHAPEL FL 33544 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 19.01, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 or supplemental report; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

ROBERT G. HAMILTON