

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000066970

FILED
Apr 30, 2012
Secretary of State

Entity Name: JABS HEALTH INC.

Current Principal Place of Business:

1239 E. NEWPORT CENTER DRIVE
STE 101
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

1239 E. NEWPORT CENTER DRIVE
STE 101
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 27-0743417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, SETH
1239 E. NEWPORT CENTER DRIVE
STE 101
DEERFIELD BEACH, FL 33442 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: COHEN, JARED
Address: 1239 E. NEWPORT CENTER DRIVE STE 101
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VP
Name: COHEN, SETH
Address: 1239 E. NEWPORT CENTER DRIVE STE 101
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VP
Name: COHEN, BRADLEY
Address: 1239 E. NEWPORT CENTER DRIVE STE 101
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: TR
Name: COHEN, ARNOLD
Address: 1239 E. NEWPORT CENTER DRIVE STE 101
City-St-Zip: DEERFIELD BEACH, FL 33442

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: ARNOLD COHEN

PRES

04/30/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date