

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000090684

FILED  
Jan 25, 2012  
Secretary of State

Entity Name: AMERICAN HEALTH SUPPLY, INC.

**Current Principal Place of Business:**

2349 SE MANOR AVE  
PORT SAINT LUCIE, FL 34952 US

**New Principal Place of Business:**

1004 NE JENSEN BEACH BLVD  
JENSEN BEACH, FL 34957 US

**Current Mailing Address:**

2349 SE MANOR AVE  
PORT SAINT LUCIE, FL 34952 US

**New Mailing Address:**

1004 NE JENSEN BEACH BLVD  
JENSEN BEACH, FL 34957 US

FEI Number: 45-3619848

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MILLER, JOHN P  
2499 GLADES RD  
STE 304  
BOCA RATON, FL 33431 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: PD  
Name: FREEDMAN, BARRY  
Address: 1004 NE JENSEN BEACH BLVD  
City-St-Zip: JENSEN BEACH, FL 34957 US

Title: VPD  
Name: PALMER, MARK  
Address: 1004 NE JENSEN BEACH BLVD  
City-St-Zip: JENSEN BEACH, FL 34957 US

Title: TD  
Name: SMITH, DODRIDGE  
Address: 1004 NE JENSEN BEACH BLVD  
City-St-Zip: JENSEN BEACH, FL 34957 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: MARK PALMER

VPD

01/25/2012

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

\_\_\_\_\_  
Date