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.

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000047298

Entity Name: NUTEGRA MENTAL HEALTH AND NUTRITION, INC.

Current Principal Place of Business:

2400 HARBOR BLVD STE 20 PORT CHARLOTTE, FL 33952

Current Mailing Address:

2400 HARBOR BLVD STE 20 PORT CHARLOTTE, FL 33952

FEI Number: 03-0445105

Name and Address of Current Registered Agent:

HARRINGTON, CHRISANNA G 2400 HARBOR BLVE STE 20 PORT CHARLOTTE, FL 33952 US

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

Officer/Director Detail :

Title	Р	Title	S
Name	HARRINGTON, CHRISANNA G	Name	HARRINGTON, CARA L
Address	2400 HARBOR BLVD	Address	2533 RIO TIBER DR
City-State-Zip:	PORT CHARLOTTE FL 33952	City-State-Zip:	PUNTA GORDA FL 33950

SIGNATURE: CHRISANNA G HARRINGTON
Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/24/2013

Date

FILED Apr 24, 2013 Secretary of State CC6406375480

Certificate of Status Desired: No

Date