

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000004162

**Entity Name:** ALTIMATE HEALTH PRODUCTS, CO.

**Current Principal Place of Business:**

3275 WEST HILLSBORO BLVD  
210  
DEERFIELD BEACH, FL 33442-9476

**Current Mailing Address:**

3275 WEST HILLSBORO BLVD  
210  
DEERFIELD BEACH, FL 33442-9476 US

**FEI Number:** 27-4509689

**Certificate of Status Desired:** Yes

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

LEAVITT, MAURICE J  
3275 WEST HILLSBORO BLVD  
210  
DEERFIELD BEACH, FL 33442-9476 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name LEAVITT, ALAN R  
Address 21030 COUNTRY CREEK DR  
City-State-Zip: BOCA RATON FL 33428

Title V  
Name LEAVITT, AVI S  
Address 21030 COUNTRY CREEK DR  
City-State-Zip: BOCA RATON FL 33428

Title VP  
Name LEAVITT, ARIELLE S  
Address 21030 COUNTRY CREEK DR  
City-State-Zip: BOCA RATON FL 33428

Title DIRECTOR  
Name LEAVITT, ELISA G  
Address 21030 COUNTRY CREEK DR  
City-State-Zip: BOCA RATON FL 33428

*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:** ELISA G LEAVITT

**DIRECTOR**

**04/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date