

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000107066

Entity Name: FLORIDA TRUE HEALTH, INC.**Current Principal Place of Business:**11601 KEW GARDENS AVE.
200
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**11601 KEW GARDENS AVE.
200
PALM BEACH GARDENS, FL 33410 US**FEI Number:** 45-4088232**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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	MS.
Name	KRAMZER, JOYCE A
Address	4800 DEERWOOD CAMPUS PKWY, DC9-1
City-State-Zip:	JACKSONVILLE FL 32246-8273

Title	MR.
Name	DOERR, R. CHRIS
Address	4800 DEERWOOD CAMPUS PKWY, DC9-1
City-State-Zip:	JACKSONVILLE FL 32246-8273

Title	MR.
Name	BOHNER, STEVEN H
Address	200 STEVENS DR.
City-State-Zip:	PHILADELPHIA PA 19113

Title	MS.
Name	MORRISSEY, ANNE M
Address	200 STEVENS DR.
City-State-Zip:	PHILADELPHIA PA 19113

Title	MR.
Name	CHENETTE, DWIGHT D
Address	770 NORTHPOINT PKWY, SUITE 200
City-State-Zip:	WEST PALM BEACH FL 33407

Title	MR.
Name	GILMAN, ROBERT H
Address	200 STEVENS DR.
City-State-Zip:	PHILADELPHIA PA 19113

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: ROBERT H. GILMAN**VICE PRESIDENT &
SECRETARY****01/30/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date