

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000048952

Entity Name: AMERICAN MEN'S HEALTH INSTITUTE-FLORIDA, INC.

Current Principal Place of Business:

1001 N LAKE DESTINY RD SUITE 120
MAITLAND, FL 32751

Current Mailing Address:

23275 S POINTE DRIVE
SUITE 100
LAGUNA HILLS, CA 92653 US

FEI Number: 46-3013465

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIMPSON, JOAN
4901 NW 17TH WAY SUITE 202
FT LAUDERDALE, FL 33309 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 LE, TOM L
Address 16661 VENTURA BLVD
City-State-Zip: ENCINO CA 91436

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: TOM LE

PRESIDENT

01/13/2015

Electronic Signature of Signing Officer/Director Detail

Date