

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000005320

**Entity Name:** POWERS HEALTH SYSTEMS, INC.

**Current Principal Place of Business:**

1230 POWERS AVENUE  
HOLLY HILL, FL 32117

**Current Mailing Address:**

1230 POWERS AVENUE  
HOLLY HILL, FL 32117

**FEI Number:** 59-3443432

**Certificate of Status Desired:** No

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

OLI, PAMELA  
1230 POWERS AVENUE  
HOLLY HILL, FL 32117 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 OLI, PAMELA  
Address 1144 BARBARA DRIVE  
City-State-Zip: DAYTONA BEACH FL 32117

Title V  
Name OLI, SAMPSON  
Address 1144 BARBARA DRIVE  
City-State-Zip: DAYTONA BEACH FL 32117

Title S  
Name IWENOFU, JOY  
Address 77 SPRING MEADOWS DR  
City-State-Zip: ORMOND BEACH FL 32174

*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:** JOY IWENOFU

S

02/14/2013

Electronic Signature of Signing Officer/Director Detail

Date