2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 480019

FILED Mar 19, 2009 Secretary of State

Entity Name: FUTURE HEALTH CONCEPTS, INC.

in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().	Current P	rincipal Place	of Business:	New Principal Place of Business:		
1211 E. 30TH ST SANFORD, FL 327739373 FEI Number: 59-1844797 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KARLESKINT, JAMES G 1211 30TH ST SANFORD, FL 32773 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bot in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date						
SANFORD, FL 327739373 FEI Number: 59-1844797 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KARLESKINT, JAMES G 1211 30TH ST SANFORD, FL 32773 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bot in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Title: () Change () Addition Name: AARLESKINT, TERRY A Address: City-St-Zip: Title: () Change () Addition Name: Address: Date Date Date Date Date Date Date Date	Current M	ailing Addres	ss:	New Mailing Address:		
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	Name: Address:	KARLESKINT, 1468 OBERLIN	RICHARD L I TERRACE	Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GERALD F KARLESKINT SECR 03/19/2009