

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 480019

FILED
Mar 19, 2009
Secretary of State

Entity Name: FUTURE HEALTH CONCEPTS, INC.

Current Principal Place of Business:

1211 E. 30TH ST
SANFORD, FL 327739373

New Principal Place of Business:

Current Mailing Address:

1211 E. 30TH ST
SANFORD, FL 327739373

New Mailing Address:

FEI Number: 59-1844797 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KARLESKINT, JAMES G
1211 30TH ST
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KARLESKINT, JAMES G
Address: 133 WEATHERVANE WAY
City-St-Zip: LONGWOOD, FL 32750

Title: VTD () Delete
Name: KARLESKINT, TERRY A
Address: 1565 GRACE LAKE CIRCLE
City-St-Zip: LONGWOOD, FL 32750

Title: SD () Delete
Name: KARLESKINT, GERALD F
Address: 315 TWELVE OAKS DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: KARLESKINT, RICHARD L
Address: 1468 OBERLIN TERRACE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Electronic Signature of Signing Officer or Director

_____ Date