

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 480019

FILED  
Apr 06, 2011  
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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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: GERALD KARLESKINT

SECR

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date