

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000004539

Entity Name: AGILITY HEALTH, INC.

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

607 DEWEY AVE., N.W.  
SUITE 300  
GRAND RAPIDS, MI 49504

**New Principal Place of Business:**

**Current Mailing Address:**

607 DEWEY AVE., N.W.  
SUITE 300  
GRAND RAPIDS, MI 49504

**New Mailing Address:**

FEI Number: 38-3496350

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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: PS  
Name: SCHOLTEN, KENNETH E  
Address: 607 DEWEY AVE., N.W., SUITE 300  
City-St-Zip: GRAND RAPIDS, MI 49504

Title: CEOT  
Name: DAVIDSON, STEVE  
Address: 607 DEWEY AVE., N.W., SUITE 300  
City-St-Zip: GRAND RAPIDS, MI 49504

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: KEN SCHOLTEN

SEC

04/03/2012

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

\_\_\_\_\_  
Date