2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2010
Secretary of State

DOCUMENT# F07000001034

Entity Name: KRONOS OPTIMAL HEALTH COMPANY

Current Principal Place of Business:

2390 E. CAMELBACK ROAD, SUITE 440
PHOENIX, AZ 85016

New Principal Place of Business:

Current Mailing Address:

2390 E. CAMELBACK ROAD, SUITE 440
PHOENIX, AZ 85016

New Mailing Address:

FEI Number: 20-8064696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: TD
Name: THATCHER, JONATHAN
Address: 2390 E. CAMELBACK ROAD, SUITE 440
City-St-Zip: PHOENIX, AZ 85016

Title: PD
Name: LAZAR, ANDREA
Address: 2390 E. CAMELBACK ROAD, SUITE 440
City-St-Zip: PHOENIX, AZ 85016

Title: SD
Name: NADDOUR, SHERRY S
Address: 2390 E. CAMELBACK RD SUITE 440
City-St-Zip: PHOENIX, AZ 85016

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: LAURA.LOUIS@WOLTERSKLUWER.COM POA 05/23/2010

Electronic Signature of Signing Officer or Director Date