

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006256

FILED
Apr 22, 2009
Secretary of State

Entity Name: SELF-DETERMINED HEALTH, INC.

Current Principal Place of Business:

814 DEER WOODS RD.
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

814 DEER WOODS RD.
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 26-1521063 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIGBY, CHARLES S
814 DEER WOODS RD.
CELEBRATION, FL 34747 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: PCST () Delete
Name: RIGBY, CHARLES S
Address: 814 DEER WOODS RD.
City-St-Zip: CELEBRATION, FL 34747

Title: D () Delete
Name: DECI, EDWARD
Address: 1410 E. AVE.
City-St-Zip: ROCHESTER, NY 14610

Title: D () Delete
Name: RYAN, RICHARD M
Address: 46 CROSSMAN TERR.
City-St-Zip: ROCHESTER, NY 14620

Title: D () Delete
Name: WILLIAMS, GEOFFREY
Address: 111 DOUGLAS RD.
City-St-Zip: ROCHESTER, NY 14610

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: CHARLES S RIGBY

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date