

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006256

FILED  
May 01, 2012  
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:**

800 CELEBRATION AVE  
SUITE 323  
CELEBRATION, FL 34747

**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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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: CHARLES SCOTT RIGBY

PRES

05/01/2012

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

\_\_\_\_\_ Date