2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000616

Entity Name: LOGISTICS HEALTH, INC.

FILED Apr 27, 2011 Secretary of State

New Principal Place of Business:

Current Principal Place of Business:

328 FRONT ST. SOUTH LA CROSSE, WI 54601

Current Mailing Address: New Mailing Address:

328 FRONT ST. SOUTH LA CROSSE, WI 54601

FEI Number: 39-1974851 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
4

WESTON, FL 33331 US

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.

in the State of Florida.

SIGNATURE: 04/27/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CEO

Name: WEBER, DONALD
Address: 328 FRONT ST. SOUTH
City-St-Zip: LA CROSSE, WI 54601

Title: S

Name: HAFNER, BRIAN
Address: 328 FRONT ST. SOUTH
City-St-Zip: LA CROSSE, WI 54601

Title: V

Name: WALCH, THOMAS
Address: 328 FRONT ST. SOUTH
City-St-Zip: LA CROSSE, WI 54601

Title: [

Name: WINKENWERDER, WILLIAM
Address: 330 JOHN CARLYLE ST, SUITE 220

City-St-Zip: ALEXANDRIA, VA 22314

Title:

Name: THOMPSON, TOMMY
Address: 328 FRONT ST. SOUTH
City-St-Zip: LA CROSSE, WI 54601

Title: [

 Name:
 BIRD, JULIO

 Address:
 1900 SOUTH AVE

 City-St-Zip:
 LA CROSSE, WI 54601

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: THOMAS WALCH V 04/27/2011