

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006225

FILED  
Jan 19, 2010  
Secretary of State

Entity Name: ROSS HEALTH SCIENCES, INC.

**Current Principal Place of Business:**

630 ROUTE 1  
SUITE 300  
NORTH BRUNSWICK, NJ 08902

**New Principal Place of Business:**

**Current Mailing Address:**

630 ROUTE 1  
SUITE 300  
NORTH BRUNSWICK, NJ 08902

**New Mailing Address:**

FEI Number: 13-3979959

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

C T CORPORATION SYSTEM  
1200 SOUTH 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: TCFO  
Name: ST. JAMES, JOHN T  
Address: 630 ROUTE 1, SUITE 300  
City-St-Zip: NORTH BRUNSWICK, NJ 08902

Title: PD  
Name: SHEPHERD, THOMAS C  
Address: 630 ROUTE 1, SUITE 300  
City-St-Zip: NORTH BRUNSWICK, NJ 08902

Title: D  
Name: GUNST, RICHARD M  
Address: 630 ROUTE 1, SUITE 630  
City-St-Zip: NORTH BRUNSWICK, NJ 08902 NJ

Title: SD  
Name: DAVIS, GREGORY S  
Address: 630 ROUTE 1, SUITE 300  
City-St-Zip: NORTH BRUNSWICK, NJ 08902

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: JOHN T. ST. JAMES

TCFO

01/19/2010

Electronic Signature of Signing Officer or Director

Date