## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G70657

FILED Apr 23, 2012 Secretary of State

Entity Name: A CONSUMER'S HEALTH AGENCY OF FLORIDA, INC.

| Current Principal Place of Business:                               |                               | New Principal Place of Business:          |                                      |
|--|-------------------------------|---|--------------------------------------|
| 1280 N CONGRESS AVE<br>107   |                               |   |                                      |
| WEST PALM BEACH, FL 33   | 3409 US                       |   |                                      |
| Current Mailing Address:   |                               | New Mailing Address:                      |                                      |
| 1280 N CONGRESS AVE<br>107   |                               |   |                                      |
| WEST PALM BEACH, FL 33   | 3409 US                       |   |                                      |
| FEI Number: 59-2341144 F   | El 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: |                                      |
| SCALA, FRANK O JR.<br>894 PATRICK DRIVE.<br>WEST PALM BEACH, FL 33 | 3406 US                       |   |                                      |
| The above named entity subr<br>in the State of Florida.            | mits this statement for the p | ourpose of changing its registered        | office or registered agent, or both, |
| SIGNATURE:   |                               |   |                                      |
| Electronic Signature of Registered Agent                           |                               |   | Date                                 |
|  |                               |   |                                      |

## **OFFICERS AND DIRECTORS:**

Title: PST

Name: SCALA, FRANK ORIJENDO JR

Address: 894 PATRICK DR

City-St-Zip: WEST PALM BEACH, FL 33406

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: FRANK O. SCALA JR. PST 04/23/2012