

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H17348

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** NUTRITION & HEALTH HORIZONS INC.

**Current Principal Place of Business:**

600 S. DIXIE HIGHWAY  
SUITE 103  
BOCA RATON, FL 33432 US

**New Principal Place of Business:**

**Current Mailing Address:**

600 S. DIXIE HIGHWAY  
SUITE 103  
BOCA RATON, FL 33432 US

**New Mailing Address:**

**FEI Number:** 59-2447023

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHRISTAKIS, GEORGE, MD  
1021 NW 3 ST  
BOCA RATON, FL 33486 US

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

CHRISTAKIS, GEORGE  
1021 NW 3 ST  
BOCA RATON, FL 33486 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.

**SIGNATURE:** GEORGE CHRISTAKIS

02/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CHRISTAKIS, GEORGE  
**Address:** 1021 NW 3 ST  
**City-St-Zip:** BOCA RATON, FL 33486 US

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:** GEORGE CHRISTAKIS

P

02/18/2011

Electronic Signature of Signing Officer or Director

Date