

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000999

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** IMAGINE WORLD HEALTH, INCORPORATED

**Current Principal Place of Business:**

105 E. DOLPHIN BLVD.  
PONTE VEDRA BCH, FL 320821714

**New Principal Place of Business:**

**Current Mailing Address:**

105 E. DOLPHIN BLVD.  
PONTE VEDRA BCH, FL 320821714

**New Mailing Address:**

**FEI Number:** 59-3627836

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEARNS, DAVID  
105 E. DOLPHIN BLVD.  
PONTE VEDRA BCH, FL 320821714 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: PD  
Name: STEARNS, DAVID E  
Address: 105 E. DOLPHIN BLVD.  
City-St-Zip: PONTE VEDRA BCH, FL 320821714

Title: D  
Name: STEARNS, KAREN  
Address: 105 E. DOLPHIN BLVD.  
City-St-Zip: PONTE VEDRA BCH, FL 320821714

Title: D  
Name: STEARNS, EDWIN K  
Address: 4532 MIDDLETON PARK CI W  
City-St-Zip: JACKSONVILLE, FL 322246627

Title: D  
Name: MILAM, JUDY  
Address: 333 PABLO POINT DR.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D  
Name: STEARNS, ROSEMARY  
Address: 3875 SAN PABLO RD. #214  
City-St-Zip: JACKSONVILLE, FL 32224

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID STEARNS

XDIR

01/06/2010

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

\_\_\_\_\_  
Date