

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 06, 2010
Secretary of State

Entity Name: CONSUMER HEALTH CARE, INC.

Current Principal Place of Business:

100 HIGHLINE DR
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

797 SR 434
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 01-0609147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMETREE, ROBERT A
797 SR 434
ALTAMONTE SPRINGS, FL 32714 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: DP
Name: DEMETREE, ROBERT A
Address: 797 SR 434
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DS
Name: DEMTREE, DAVID A
Address: 162 OAK VIEW CIR.
City-St-Zip: LAKE MARY, FL 32746

Title: DT
Name: DEMETREE, MATTHEW C
Address: 136 ROCKHILL DR.
City-St-Zip: SANFORD, FL 32771

Title: D
Name: ROBINSON, RONALD D
Address: 618 WOOD HOLLOW CT
City-St-Zip: APOPKA, FL 32712

Title: D
Name: GILBET, BEVERLY
Address: 1132 VICKSBURG ST.
City-St-Zip: DELTONA, FL 32725

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: ROBERT A. DEMETREE

PRES

01/06/2010

Electronic Signature of Signing Officer or Director

Date