2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001902

Entity Name: GOOD HEALTH CLINIC INC.

FILED Jan 05, 2012 Secretary of State

01/05/2012

Current Principal Place of Business: New Principal Place of Business:

91555 OVERSEAS HWY

#2

TAVERNIER, FL 33070

Current Mailing Address: New Mailing Address:

91555 OVERSEAS HWY

#2

TAVERNIER, FL 33070

FEI Number: 04-3745805 FEI 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:

ANDERSON, NORMA SOVIA-CRANDON, KIM E.D. 91555 OVERSEAS HIGHWAY 91555 OVERSEAS HIGHWAY #2 #2

TAVERNIER, FL 33070 US TAVERNIER, FL 33070 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: KIM SOVIA-CRANDON

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES

Name: MIKLAS, SHELLEY
Address: POST OFFICE BOX 1211
City-St-Zip: TAVERNIER, FL 33070

Title: VP

Name: EKBLOM, BRETT
Address: 100 WRENN STREET
City-St-Zip: TAVERNIER, FL 33070

Title: VP 2

Name: HERSHOFF, NANCY
Address: 148 SEVERINO DRIVE
City-St-Zip: ISLAMORADA, FL 33036

Title: TRES

Name: STOBER, CLAUDIA
Address: 150 RIDGE STREET
City-St-Zip: TAVERNIER, FL 33070

Title: SEC

Name: MIRANDA BAKER, JILL
Address: 91500 OVERSEAS HIGHWAY
City-St-Zip: TAVERNIER, FL 33070

Title: DIR

Name: TOLLEY, SHAWN

Address: 97665 OVERSEAS HIGHWAY City-St-Zip: KEY LARGO, FL 33070

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: KIM SOVIA-CRANDON E.D. 01/05/2012

Electronic Signature of Signing Officer or Director

Date