

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005185

FILED  
May 13, 2008  
Secretary of State

**Entity Name:** CELLULAR HEALTH FOUNDATION, INC.

**Current Principal Place of Business:**

831 SW 10TH STREET  
FT. LAUDERDALE, FL 33315

**New Principal Place of Business:**

**Current Mailing Address:**

831 SW 10TH STREET  
FT. LAUDERDALE, FL 33315

**New Mailing Address:**

**FEI Number:** 81-0628328      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

JONES, JONATHAN E  
831 SW 10TH STREET  
FT. LAUDERDALE, FL 33315      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: JONES, JOANNDA  
Address: 831 SW 10TH STREET  
City-St-Zip: FT. LAUDERDALE, FL 33315 US

Title: VP      ( ) Delete  
Name: JONES, JONATHAN E  
Address: 831 SW 10TH STREET  
City-St-Zip: FT. LAUDERDALE, FL 33315 US

Title: T      (X) Delete  
Name: BROWN, JAIME  
Address: 831 SW 10 STREET  
City-St-Zip: FT. LAUDERDALE, FL 33315

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JONATHAN E. JONES

VP

05/13/2008

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

\_\_\_\_\_  
Date