

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000005951

**FILED**  
**Jun 19, 2012**  
**Secretary of State**

**Entity Name:** HEALTH WORKSHOPS R US, CORP.

**Current Principal Place of Business:**

7006 SW 21ST LANE  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

7006 SW 21ST LANE  
GAINESVILLE, FL 32607

**New Mailing Address:**

**FEI Number:** 34-2064332

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POLLARD, STEPHANIE  
7006 SW 21ST LANE  
GAINESVILLE, FL 32607 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: MS.  
Name: POLLARD, STEPHANIE M OWNER  
Address: 7006 SW 21ST LANE  
City-St-Zip: GAINESVILLE, FL 32607

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: STEPHANIE POLLARD

DIR

06/19/2012

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

\_\_\_\_\_  
Date