

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008948

FILED
Apr 20, 2011
Secretary of State

Entity Name: CAMP 4 HEALTH, INC.

Current Principal Place of Business:

2038 N. DIXIE HWY., STE. 104
WILTON MANORS, FL 33305

New Principal Place of Business:

Current Mailing Address:

2038 N. DIXIE HWY., STE. 104
WILTON MANORS, FL 33305

New Mailing Address:

FEI Number: 26-0899420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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: P
Name: SPENCER, WILL
Address: 2805 E OAKLAND PARK BLVD #219
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: S
Name: MCCABE, PRESTON L JR.
Address: 431 N VICTORIA PARK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: AT-L
Name: CANNON, KATHLEEN
Address: 1726 SE 3RD AVE
City-St-Zip: FT LAUDERDALE, FL 33316

Title: VP
Name: BARD, PHYLLIS
Address: 4506 NW 73RD AVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: AT-L
Name: MESSERALL, JEFFREY A
Address: 1331 E FORREST AVE
City-St-Zip: EAST POINT, GA 30344

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: WILLIAM C. SPENCER

PRES

04/20/2011

Electronic Signature of Signing Officer or Director

Date