

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010210

FILED  
Jun 29, 2009  
Secretary of State

Entity Name: HEALTH BEYOND LIMITS, INC.

## Current Principal Place of Business:

10000 GATE PARKWAY N  
216  
JACKSONVILLE, FL 32246

## New Principal Place of Business:

10000 GATE PARKWAY N  
216  
JACKSONVILLE, FL 32246 US

## Current Mailing Address:

10000 GATE PARKWAY N  
216  
JACKSONVILLE, FL 32246

## New Mailing Address:

10000 GATE PARKWAY N  
216  
JACKSONVILLE, FL 32246 US

FEI Number: 26-3665544      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:

BATAINEH, MOHAMMAD R  
10000 GATE PARKWAY N  
216  
JACKSONVILLE, FL 32246 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: CHMD ( ) Delete  
Name: BATAINEH, REZEQ F  
Address: 2893 TUPELO DRIVE  
City-St-Zip: PANAMA CITY, FL 32405

Title: CEOD ( ) Delete  
Name: BATAINEH, MOHAMMAD R  
Address: 10000 GATE PARKWAY N #216  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete  
Name: EL-MAHDAWY, AHMED  
Address: 4421 SW 85TH WAY  
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete  
Name: HAMMAD, HANA  
Address: P.O. BOX 13804, UNIVERSITY OF JORDAN P.O.  
City-St-Zip: AMMAN JORDAN, -- 11942 OC

Title: D ( ) Delete  
Name: KING, WINFRED  
Address: 3759 BUNYON DRIVE  
City-St-Zip: CHIPLEY, FL 32428

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition  
Name: BATAINEH, REZEQ F  
Address: 2893 TUPELO DRIVE  
City-St-Zip: PANAMA CITY, FL 32405

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

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: MOHAMMAD BATAINEH

CEO

06/29/2009

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

\_\_\_\_\_  
Date