

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003290

FILED
Feb 22, 2012
Secretary of State

Entity Name: HEALTH BY DESIGN USA, INC.

Current Principal Place of Business:

1285 BUNNELL ROAD
ALTAMONTE SPRINGS,, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

1285 BUNNELL ROAD
ALTAMONTE SPRINGS,, FL 32714 US

New Mailing Address:

FEI Number: 30-0681261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRETT, ROCALDEEN E
2423 ORSOTA CIRCLE
OCOEE, FL 34761 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: RICHARDS, DOROTHY E MA
Address: 1285 BUNNELL ROAD
City-St-Zip: ALTAMONTE SPRINGS,, FL 32714 US

Title: D
Name: HAUGHTON, MAXINE LPN
Address: 1847 WINDMILL DRIVE
City-St-Zip: ORLANDO, FL 32818

Title: T
Name: SHEPPY, CYNTHIA PHD
Address: 8060 BRIDGESTONE DRIVE
City-St-Zip: ORLANDO, FL 32835 US

Title: S
Name: PEARSON, HENRY ND
Address: 2730 MCQUEEN ROAD
City-St-Zip: APOPKA, FL 32703 US

Title: D
Name: LEWIS, KAREN
Address: 3128 GREENFIELD AVENUE
City-St-Zip: ORLANDO, FL 32808 US

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: DOROTHY RICHARDS

P

02/22/2012

Electronic Signature of Signing Officer or Director

Date