

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000009816

Entity Name: ANANDAHEALTH COMPANY

FILED  
Jan 05, 2011  
Secretary of State

**Current Principal Place of Business:**

14616 NW 140TH ST.  
ALACHUA, FL 32616

**New Principal Place of Business:**

**Current Mailing Address:**

PO 1620  
ALACHUA, FL 32616

**New Mailing Address:**

FEI Number: 59-3694921

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RICHARD MASLA  
PO 1620  
ALACHUA, FL 32616 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: MASLA, RICHARD A  
Address: 14616 NW 140TH ST.  
City-St-Zip: ALACHUA, FL 32616

Title: VP  
Name: KRUSZEWSKA, ANNA  
Address: PO 1620  
City-St-Zip: ALACHUA, FL 32616

Title: T  
Name: MASLA, RICHARD A  
Address: PO 1620  
City-St-Zip: ALACHUA, FL 32616

Title: O  
Name: MASLA, RICHARD A  
Address: PO 1620  
City-St-Zip: ALACHUA, FL 32616

Title: O  
Name: MASLA, RICHARD A  
Address: PO 1620  
City-St-Zip: ALACHUA, FL 32616

Title: O  
Name: MASLA, RICHARD A  
Address: PO 1620  
City-St-Zip: ALACHUA, FL 32616

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD MASLA

PRES

01/05/2011

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

\_\_\_\_\_ Date