

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000011020

Entity Name: ICHIBAN HEALTH INC.

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

2141 LOCH RANE BLVD, STE 136  
ORANGE PARK, FL 32073 US

## **New Principal Place of Business:**

2141 LOCH RANE BOULEVARD  
SUITE 136  
ORANGE PARK, FL 32073 US

## **Current Mailing Address:**

2141 LOCH RANE BLVD, STE 136  
ORANGE PARK, FL 32073 US

## **New Mailing Address:**

2141 LOCH RANE BOULEVARD  
SUITE 136  
ORANGE PARK, FL 32073 US

FEI Number: 59-3710028

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JAMES A. NOLAN, P.A.  
4114 HERSCHEL STREET  
SUITE 105  
JACKSONVILLE, FL 32210 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

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: DPS  
Name: OH, HYON J  
Address: 2141 LOCH RANE BOULEVARD, SUITE 136  
City-St-Zip: ORANGE PARK, FL 32073 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HYON J. OH

DPS

04/27/2010

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

\_\_\_\_\_  
Date