

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000103437

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** BOSTON MEN'S HEALTH CENTER, INC.

**Current Principal Place of Business:**

3080 BRISTOL STREET,  
SUITE 650  
COSTA MESA, CA 92626

**New Principal Place of Business:**

20301 SW ACACIA ST  
SUITE 250  
NEWPORT BEACH, CA 92623

**Current Mailing Address:**

3080 BRISTOL STREET,  
SUITE 650  
COSTA MESA, CA 92626

**New Mailing Address:**

PO BOX 14790  
IRVINE, CA 92623

**FEI Number:** 59-3759688

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NGUYEN, TRYNA  
6400 NORTH ANDREWS AVE  
SUITE 450  
FORT LAUDERDALE, FL 33309 US

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

SIMPSON, JOAN  
6400 NORTH ANDREWS AVE  
SUITE 450  
FORT LAUDERDALE, FL 33309 US

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: JOAN SIMPSON

03/22/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HA, QUOC H  
Address: P O BOX 14790  
City-St-Zip: IRVINE, CA 92623 47

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: QUOC HA

D

03/22/2012

Electronic Signature of Signing Officer or Director

Date