

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000047298

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** NUTEGRA MENTAL HEALTH AND NUTRITION, INC.

**Current Principal Place of Business:**

20020 VETERANS BLVD  
STE 12  
PORT CHARLOTTE, FL 33954

**New Principal Place of Business:**

2400 HARBOR BLVD  
STE 20  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

20020 VETERANS BLVD  
STE 12  
PORT CHARLOTTE, FL 33954

**New Mailing Address:**

2400 HARBOR BLVD  
STE 20  
PORT CHARLOTTE, FL 33952

**FEI Number:** 03-0445105

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARRINGTON, CHRISANNA G  
2533 RIO TIBER DR  
PUNTA GORDA, FL 33950 US

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

HARRINGTON, CHRISANNA G  
2400 HARBOR BLVE  
STE 20  
PORT CHARLOTTE, FL 33952 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: CHRISANN G HARRINGTON

04/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HARRINGTON, CHRISANNA G  
Address: 2400 HARBOR BLVD  
City-St-Zip: PORT CHARLOTTE, FL 33952

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: CHRISANNA G HARRINGTON

PRES

04/12/2012

Electronic Signature of Signing Officer or Director

Date