

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000065199

Entity Name: WELLHEALTH INC.

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

12276 SAN JOSE BLVD  
STE 707  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

12276 SAN JOSE BLVD  
STE 707  
JACKSONVILLE, FL 32223

**New Mailing Address:**

FEI Number: 04-3691029

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JACOBS, JEFFREY CPA PA  
7791 BELFORT PARKWAY  
JACKSONVILLE, FL 32256 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: T  
Name: PATEL, RAKESH  
Address: 11583 SUMMER HAVEN BLVD. N  
City-St-Zip: JACKSONVILLE, FL 32258

Title: PS  
Name: PATEL, HEMALI  
Address: 11583 SUMMER HAVEN BLVD. N.  
City-St-Zip: JACKSONVILLE, FL 32258

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: RAKESH PATEL

T

04/26/2012

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

\_\_\_\_\_  
Date