## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000113228

Entity Name: G3 HEALTH CORP.

**FILED** Mar 20, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

10 NW 35 STREET 89 NE 27TH ST MIAMI, FL 33127 MIAMI, FL 33137

**Current Mailing Address: New Mailing Address:** 

10 NW 35 STREET 89 NE 27TH ST MIAMI, FL 33137 MIAMI, FL 33127

FEI Number: 35-2485379 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

PRESTIN, BRUCE E PRESTIN, BRUCE E 2700 W CYPRESS CREEK RD 2717 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309 US 1132 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: BRUCE PRESTIN 03/20/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition HEISEL, GEORGE JR HEISEL, GEORGE JR Name: Name: Address: Address:

10 NW 35 ST 89 NE 27TH ST City-St-Zip: MIAMI, FL 33127 City-St-Zip: MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Ρ SIGNATURE: GEORGE HEISEL 03/20/2009