

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000091222

Entity Name: HEALTH 1, INC.

**FILED**  
**Jun 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5663-B FOX HOLLOW DRIVE  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

5663-B FOX HOLLOW DRIVE  
BOCA RATON, FL 33486

**New Mailing Address:**

FEI Number: 05-0584103

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOHAMED, RADIKHA  
5663-B FOX HOLLOW DRIVE  
BOCA RATON, FL 33486 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: P  
Name: MOHAMED, RADIKHA  
Address: 5663-B FOX HOLLOW DRIVE  
City-St-Zip: BOCA RATON, FL 33486

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: RADIKHA MOHAMED

PRES

06/07/2012

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

\_\_\_\_\_  
Date