2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2012
Secretary of State

DOCUMENT# P04000092389

Entity Name: HOLISTIC TEST & BALANCE, INC.

Current Principal Place of Business:

3614 LENOX AVE
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

Current Mailing Address:

3614 LENOX AVE
JACKSONVILLE, FL 32254 US

New Mailing Address:

FEI Number: 59-2570935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UFFELMAN, LOYD E
2820 SELMA ST.
JACKSONVILLE, FL 32205 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: VP
Name: UFFELMAN, LOYD E
Address: 2820 SELMA ST
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: P
Name: UFFELMAN, NICHOLAS L
Address: 1503 BELVEDERE AVE.
City-St-Zip: JACKSONVILLE, FL 322205 US

Title: S
Name: UFFELMAN, IDA P
Address: 1503 BELVEDERE AVE.
City-St-Zip: JACKSONVILLE, FL 32205 US

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: NICHOLAS UFFELMAN P 01/27/2012

Electronic Signature of Signing Officer or Director Date