

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000141094

Entity Name: G2 HEALTH, INC.

FILED  
May 26, 2005  
Secretary of State

## Current Principal Place of Business:

6302 BENJAMIN ROAD  
#408  
TAMPA, FL 33634

## New Principal Place of Business:

## Current Mailing Address:

6302 BENJAMIN ROAD  
#408  
TAMPA, FL 33634

## New Mailing Address:

FEI Number: 41-2153754

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DORTCH, ROBERT  
111 HURON AVENUE  
TAMPA, FL 33606 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SMITH, CINDI  
Address: 45 REED DRIVE  
City-St-Zip: MARYSVILLE, PA 17053

Title: VD ( ) Delete  
Name: GORDON, JULIE  
Address: 28 COLE ROAD  
City-St-Zip: SHARON, CT 06069

Title: SD ( ) Delete  
Name: GREEN, LEWIS  
Address: 25 KNOLLWOOD LANE  
City-St-Zip: DARIEN, CT 06820

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SMITH, CINDIE  
Address: 45 REED DRIVE  
City-St-Zip: MARYSVILLE, PA 17053

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: LEWIS GREEN

SD

05/26/2005

Electronic Signature of Signing Officer or Director

Date