

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000029671

**FILED**  
**Jun 19, 2010**  
**Secretary of State**

**Entity Name:** AMERICAN HEALTH & SAFETY, INC.

**Current Principal Place of Business:**

4681 JORGENSEN ROAD  
FT PIERCE, FL 34981

**New Principal Place of Business:**

**Current Mailing Address:**

4681 JORGENSEN ROAD  
FT PIERCE, FL 34981

**New Mailing Address:**

**FEI Number:** 20-2388463

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BIRAN C HERNDON, PA  
800 VIRGINIA AVE  
STE 38-I  
FT PIERCE, FL 34982 US

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

DAVID MCGUIRE  
600 CITRUS AVE  
SUITE 200  
FT PIERCE, FL 34950 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: DAVID MCGUIRE

06/19/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P D  
Name: JOHNSON, MARK  
Address: 4681 JORGENSEN RD  
City-St-Zip: FT PIERCE, FL 34981

Title: DIR  
Name: JOHNSON, ANASTASIA  
Address: 4681 JORGENSEN RD  
City-St-Zip: FT PIERCE, FL 34981

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: MARK A. JOHNSON

PD

06/19/2010

Electronic Signature of Signing Officer or Director

Date