

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000072834

**FILED**  
**Mar 27, 2012**  
**Secretary of State**

**Entity Name:** TOTAL DIGESTIVE HEALTH INCORPORATED

**Current Principal Place of Business:**

3001 CORAL HILLS DRIVE  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 590842  
FT LAUDERDALE, FL 33359

**New Mailing Address:**

3001 CORAL HILLS DRIVE  
CORAL SPRINGS, FL 33071

**FEI Number:** 05-0623441

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRAMER, KENNETH ESQ  
200 SE 6TH STREET SUITE 604  
FORT LAUDERDALE, FL 33301 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: D  
Name: SHAPIRO, SCOTT  
Address: 5050 SW 10TH COURT  
City-St-Zip: MARGATE, FL 33068

Title: D  
Name: KATZ, NICHOLAS  
Address: 3001 CORAL HILLS DR  
City-St-Zip: CORAL SPRINGS, FL 33371

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: SCOTT SHAPIRO

D

03/27/2012

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

\_\_\_\_\_  
Date