

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000102837

Entity Name: YOUR HEALTH NOW, INC.

**FILED**  
**May 21, 2008**  
**Secretary of State****Current Principal Place of Business:**13762 W. STATE RD. 84  
135  
DAVIE, FL 33325**New Principal Place of Business:**4301 HOLLYWOOD BLVD.  
137  
HOLLYWOOD, FL 33021**Current Mailing Address:**13762 W. STATE RD. 84  
135  
DAVIE, FL 33325**New Mailing Address:**4301 HOLLYWOOD BLVD.  
137  
HOLLYWOOD, FL 33021

FEI Number: 52-2424423

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**BARON, SPENCER  
13762 W. STATE RD. 84  
135  
DAVIE, FL 33325 US**Name and Address of New Registered Agent:**BARON, SPENCER  
4301 HOLLYWOOD BLVD.  
137  
HOLLYWOOD, FL 33021 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:

05/21/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PD ( ) Delete  
Name: BARON, SPENCER  
Address: 13762 W. STATE RD 84, SUITE #135  
City-St-Zip: DAVIE, FL 33325**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change ( ) Addition  
Name: BARON, SPENCER  
Address: 4301 HOLLYWOOD BLVD.  
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SPENCER BARON

PD

05/21/2008

Electronic Signature of Signing Officer or Director

Date