

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000140261

Entity Name: ISOTREX HEALTH, INC.

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

238 OSOWAW  
SPRING HILL, FL 34607

**New Principal Place of Business:**

**Current Mailing Address:**

464 LAKE BODONA DR.  
MOORESVILLE, IN 46158

**New Mailing Address:**

FEI Number: 20-3008288

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WALKER, JOHN  
238 OSOWAW  
SPRING HILL, FL 34607 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: PSTD  
Name: WALKER, JOHN  
Address: 238 OSOWAW  
City-St-Zip: SPRING HILL, FL 34607

Title: SEC  
Name: WALKER, PAMELA K  
Address: 464 LAKE BODONA DR.  
City-St-Zip: MOORESVILLE, IN 46158

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: PAMELA KAY WALKER

SEC

04/29/2012

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

\_\_\_\_\_  
Date