2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2011
Secretary of State

DOCUMENT# P06000020890

Entity Name: NATURAL HEALTH INSTITUTE OF THE PALM BEACHES, INC.

Current Principal Place of Business:

5610 PGA BOULEVARD
SUITE 210
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

5610 PGA BOULEVARD
SUITE 210
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 20-4301273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONSERRAT, RALPH B
5610 PGA BOULEVARD
SUITE 210
PALM BEACH GARDENS, FL 33418 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: P
Name: MONSERRAT, RALPH B
Address: 5610 PGA BOULEVARD, SUITE 210
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: S, T
Name: MONSERRAT, ROBIN
Address: 5610 PGA BOULEVARD, SUITE 210
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: RALPH B. MONSERRAT P 02/18/2011

Electronic Signature of Signing Officer or Director — Date