

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000083764

FILED
Feb 03, 2012
Secretary of State

Entity Name: CONSUMER HEALTH TECHNOLOGIES, INC.

Current Principal Place of Business:

6700 N ANDREWS AVENUE
SUITE 210
FT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

6700 N ANDREWS AVENUE
SUITE 210
FT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 26-0599591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DIR
Name: DIEGELMAN, RONALD C
Address: 9319 MEADOW HILL ROAD
City-St-Zip: ELLICOTT CITY, MD 21042

Title: DIR
Name: GOEL, PRADEEP
Address: 3041 RIOMAR STREET
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: DIR
Name: ANDZEL, MICHAEL
Address: 6700 N ANDREWS AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: DIR
Name: GOEL, SANDEEP
Address: 7700 7TH AVE
City-St-Zip: BOCA RATON, FL 33306

Title: PRES
Name: MARTINSON, JAY
Address: 6700 N. ANDREWS AVENUE, SUITE 210
City-St-Zip: FORT LAUDERDALE, FL 33306

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: JAY MARTINSON

PRES

02/03/2012

Electronic Signature of Signing Officer or Director

Date