

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000010504

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: YOU AND YOUR HEALTH MESSAGE CLINIC INC

## Current Principal Place of Business:

2339 E COLONIAL DRIVE  
2  
ORLANDO, FL 32807 US

## New Principal Place of Business:

## Current Mailing Address:

2339 E COLONIAL DRIVE  
2  
ORLANDO, FL 32807 US

## New Mailing Address:

FEI Number: 26-1856926

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PEREZ, ORESTE  
6709 PRECOURT DRIVE  
ORLANDO, FL 32809 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PEREZ, ORESTE  
Address: 6709 PRECOURT DR  
City-St-Zip: ORLANDO, FL 32809 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ORESTE PEREZ

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date