

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000045431

Entity Name: GOT CELL HEALTH, INC.

FILED  
Apr 25, 2012  
Secretary of State

**Current Principal Place of Business:**

324 RIVER EDGE ROAD  
JUPITER, FL 33477

**New Principal Place of Business:**

486 DOVER ROAD  
TEQUESTA, FL 33469

**Current Mailing Address:**

324 RIVER EDGE ROAD  
JUPITER, FL 33477

**New Mailing Address:**

486 DOVER ROAD  
TEQUESTA, FL 33469

FEI Number: 80-0189171

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHAW, MATT  
324 RIVER EDGE ROAD  
JUPITER, FL 33477 US

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

SHAW, MATT  
486 DOVER ROAD  
TEQUESTA, FL 33469 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/25/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: SHAW, MATT  
Address: 486 DOVER ROAD  
City-St-Zip: TEQUESTA, FL 33469

Title: V  
Name: SHAW, KATE M  
Address: 486 DOVER ROAD  
City-St-Zip: TEQUESTA, FL 33469

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: MATT SHAW

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

PST

04/25/2012

\_\_\_\_\_  
Date