

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000084895

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** PURE HEALTHY BACK, INC.

**Current Principal Place of Business:**

1030 N ORANGE AVE  
STE 300  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

1030 N ORANGE AVE  
STE 300  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:** 61-1580268

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SZPORKA, MARK  
1030 N ORANGE AVE  
300  
ORLANDO, FL 32801 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: CEOD  
Name: LUBINSKY, RANDY  
Address: 1030 N ORANGE AVE, STE 300  
City-St-Zip: ORLANDO, FL 32801

Title: CFOD  
Name: SZPORKA, MARK  
Address: 1030 N ORANGE AVE, STE 300  
City-St-Zip: ORLANDO, FL 32801

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: MARK SZPORKA

CFO

04/26/2012

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

\_\_\_\_\_ Date