

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000104088

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** ULTIMATE WELLNESS SOLUTIONS, INC.

**Current Principal Place of Business:**

2828 JACKSON ST.  
APT G4  
FT. MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

2828 JACKSON ST.  
APT G4  
FT. MYERS, FL 33901

**New Mailing Address:**

**FEI Number:** 26-3395210

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SILVASHY, RONALD  
2828 JACKSON ST., #G4  
FT. MYERS, FL 33901 US

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

SILVASHY, RONALD  
2828 JACKSON ST.  
APT G4  
FT. MYERS, FL 33901 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: RONALD SILVASHY

04/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SILVASHY, RONALD  
Address: 2828 JACKSON ST. APT G4  
City-St-Zip: FT. MYERS, FL 33901

Title: VP  
Name: SILVASHY, RHIANNON  
Address: 2828 JACKSON ST. APT G4  
City-St-Zip: FT. MYERS, FL 33901

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: RONALD SILVASHY

P

04/19/2012

Electronic Signature of Signing Officer or Director

Date