2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2011
Secretary of State

DOCUMENT# P09000099181

Entity Name: SANTHIGIRI AYURVEDIC HEALTH CENTER INC

Current Principal Place of Business:

13999 DARCHANCE RD
WINDERMERE, FL 34786

New Principal Place of Business:

91 BROAD ST
SUITE A
WINTER GARDEN, FL 34787

Current Mailing Address:

13999 DARCHANCE RD
WINDERMERE, FL 34786

New Mailing Address:

91 BROAD ST
SUITE A
WINTER GARDEN, FL 34787

FEI Number: 27-1437140 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MELEKALATHIL, SATHYANARAYANA
13999 DARCHANCE RD
WINDERMERE, FL 34786 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: P
Name: THOMAS, JOJO
Address: 595 CASCADING CREEK LANE
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: S
Name: MELEKALATHIL, SATHYANARAYANA
Address: 13999 DARCHANCE RD
City-St-Zip: WINDERMERE, FL 34786 US

Title: VP
Name: JOHN, ELIZABETH
Address: 535 CASCADING CREEK LANE
City-St-Zip: WINTER GARDEN, FL 34787 US

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: JOJO THOMAS P 04/22/2011

Electronic Signature of Signing Officer or Director — Date