2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000099181

Entity Name: SANTHIGIRI AYURVEDIC HEALTH CENTER INC

FILED Apr 17, 2012 Secretary of State

| - | | | | | |
|---|--|--|------------------------------------|--------------------------------------|--|
| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
| 91 BROAD SUITE A WINTER O | ST SARDEN, FL | 34787 | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 91 BROAD SUITE A WINTER O | ST SARDEN, 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: Name and Address of New R | | | | New Registered Agent: | |
| 13999 DAF | ATHIL, SATHY RCHANCE RD MERE, FL 347 | | | | |
| | named entity e of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | Electron | nic Signature of Registered Age | ent | Date | |
| OFFICERS | S AND DIREC | TORS: | | | |
| Title: Name: Address: City-St-Zip: | | O NG CREEK LANE DEN, FL 34787 US | | | |
| Title: Name: | S MELEKALATHI | L, SATHYANARAYANA | | | |

Title: VP

Address:

City-St-Zip:

Name: JOHN, ELIZABETH

Address: 535 CASCADING CREEK LANE
City-St-Zip: WINTER GARDEN, FL 34787 US

13999 DARCHANCE RD WINDERMERE, FL 34786 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 04/17/2012