

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000096225

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** GAMMA HEALTH INC.

**Current Principal Place of Business:**

1109 NORTH FEDERAL HIGHWAY  
SUITE 9  
HOLLYWOOD, FL 33020 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 222025  
HOLLYWOOD, FL 33022 US

**New Mailing Address:**

**FEI Number:** 37-1615411

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DEKELES, GEORGE  
1109 NORTH FEDERAL HIGHWAY  
SUITE 9  
HOLLYWOOD, FL 33022 US

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

DEKELES, GEORGE  
1109 NORTH FEDERAL HIGHWAY  
SUITE 9  
HOLLYWOOD, FL 33020 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:** GEORGE DEKELES

02/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** DEKELES, GEORGE  
**Address:** 1109 NORTH FEDERAL HIGHWAY SUITE 9  
**City-St-Zip:** HOLLYWOOD, FL 33020 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:** GEORGE DEKELES

P

02/09/2012

Electronic Signature of Signing Officer or Director

Date