

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000004162

FILED
Jan 06, 2012
Secretary of State

Entity Name: ALTIMATE HEALTH PRODUCTS, CO.

Current Principal Place of Business:

1265 SOUTH MILITARY TRAIL, #110
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

1265 SOUTH MILITARY TRAIL, #110
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 27-4509689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEAVITT, MAURICE J
2031 LYNDHURST, J
CENTURY VILLAGE
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

LEAVITT, MAURICE J
1265 SOUTH MILITARY TRAIL # 110
DEERFIELD BEACH, FL 33442 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: MAURICE J. LEAVITT

01/06/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LEAVITT, ALAN R
Address: 21030 COUNTRY CREEK DR
City-St-Zip: BOCA RATON, FL 33428

Title: V
Name: LEAVITT, AVI S
Address: 21030 COUNTRY CREEK DR
City-St-Zip: BOCA RATON, FL 33428

Title: C
Name: LEAVITT, ARIELLE S
Address: 21030 COUNTRY CREEK DR
City-St-Zip: BOCA RATON, FL 33428

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: ALAN LEAVITT

P

01/06/2012

Electronic Signature of Signing Officer or Director

Date