

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000007044

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** ALARIC HEALTH BEAUTY & WELLNESS INC

**Current Principal Place of Business:**

4000 SAINT JOHNS AVE  
SUITE 34  
JACKSONVILLE, FL 32205 US

**New Principal Place of Business:**

**Current Mailing Address:**

4000 SAINT JOHNS AVE  
SUITE 34  
JACKSONVILLE, FL 32205 US

**New Mailing Address:**

**FEI Number:** 27-4485879

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RICE, JON M  
3701 DANFORTH DRIVE  
JACKSONVILLE, FL 32224 US

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

WHITED, JAMES C JR  
4000 ST JOHNS AVE  
SUITE 34  
JACKSONVILLE, FL 32224 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:** JAMES C. WHITED JR.

04/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** WHITED, JAMES C JR  
**Address:** PO BOX 380104  
**City-St-Zip:** JACKSONVILLE, FL 32205 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:** JAMES C. WHITED JR.

P

04/24/2012

Electronic Signature of Signing Officer or Director

Date