

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000046669

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** WELL HEALTH MEDICAL INC.

**Current Principal Place of Business:**

8150 SW 8TH STREET  
STE.219  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

8150 SW 8TH STREET  
STE.219  
MIAMI, FL 33144

**New Mailing Address:**

**FEI Number:** 45-2215768

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEDINA, PEDRO JOSE  
8150 SW 8TH STREET  
STE.219  
MIAMI, FL 33144 US

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

BUSINESS ACCOUNTING PROFESSIONAL  
17670 NW 78 AVE  
STE.208  
MIAMI, FL 33015 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: DIEGO SOTO

03/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D/P  
Name: RIVAS, MARIA C  
Address: 8150 SW 8 ST # 219  
City-St-Zip: MIAMI, FL 33144

Title: VP  
Name: MEDINA, PEDRO J  
Address: 8150 SW 8TH STREET,#219  
City-St-Zip: MIAMI, FL 33144

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: MARIA C RIVAS

D/P

03/19/2012

Electronic Signature of Signing Officer or Director

Date