

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000060140

Entity Name: HODZIC HEALTH INC

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2625 STATE RD 590  
223  
CLEARWATER, FL 33759

**New Principal Place of Business:**

**Current Mailing Address:**

2625 STATE RD 590  
223  
CLEARWATER, FL 33759

**New Mailing Address:**

FEI Number: 45-2665970

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HODZIC, RAMIZA  
2625 STATE RD 590  
223  
CLEARWATER, FL 33759 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HODZIC, RAMIZA  
Address: 2625 STATE RD 590 223  
City-St-Zip: CLEARWATER, FL 33761

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: RAMIZA HODZIC

P

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date