

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000077662

**Entity Name:** MULTI SHOT HEALTH, INC.

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6105 MEMORIAL HWY  
SUITE F  
TAMPA, FL 33615 US

**New Principal Place of Business:**

**Current Mailing Address:**

6105 MEMORIAL HWY  
SUITE F  
TAMPA, FL 33615 US

**New Mailing Address:**

**FEI Number:** 45-3973288      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GARDNER, MICHAEL A  
1811 LA GRANDE DR  
DUNEDIN, FL 34698 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:** COO  
**Name:** GARDNER, MICHAEL A  
**Address:** 1811 LA GRANDE DR  
**City-St-Zip:** DUNEDIN, FL 34698 US

**Title:** CEO  
**Name:** STAFFENBERG, EDDIE  
**Address:** 7445 MINNOW BROOK WAY  
**City-St-Zip:** LAND O' LAKES, FL 34637 US

**Title:** CCO  
**Name:** CONFORTI, CARL  
**Address:** 146 CARLYLE DR  
**City-St-Zip:** PALM HARBOR, FL 34683 UN

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: CARL CONFORTI

CCO

04/16/2012

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

\_\_\_\_\_  
Date