

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000019479

**FILED**  
**Apr 14, 2012**  
**Secretary of State**

**Entity Name:** HEALTH SHOPPE VITAMINS AND NATURAL FOODS, INC.

**Current Principal Place of Business:**

12620-16 BEACH BLVD.  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

12630-16 BEACH BLVD.  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

12620-16 BEACH BLVD.  
JACKSONVILLE, FL 32246

**New Mailing Address:**

12630-16 BEACH BLVD.  
JACKSONVILLE, FL 32246

**FEI Number:** 59-3304774

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARROLL, LORRAINE A  
4013 JEBB ISLAND CIR E  
JACKSONVILLE, FL 32224 US

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

CARROLL, CHARLES A  
4013 JEBB ISLAND CIR E  
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: CHARLES CARROLL

04/14/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CARROLL, CHARLES A  
Address: 4013 JEBB ISLAND CIR EAST  
City-St-Zip: JACKSONVILLE, FL 32224

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: CHARLES CARROLL

P

04/14/2012

Electronic Signature of Signing Officer or Director

Date