

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90212 014 ***150.00

DOCUMENT # P98000009368

1. Entity Name
DYNAMIC HEALTH PRODUCTS, INC.



Principal Place of Business 12399 BELCHER ROAD S SUITE 160 LARGO, FL 33773 US	Mailing Address 12399 BELCHER ROAD S SUITE 160 LARGO, FL 33773 US
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94070687



2. Principal Place of Business 6911 BRYAN DAIRY ROAD Suite, Apt. #, etc. SUITE 210	3. Mailing Address 6911 BRYAN DAIRY ROAD Suite, Apt. #, etc. SUITE 210
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04262004 Chg-P CR2E034 (10/03)

City & State LARGO, FLORIDA	City & State LARGO, FLORIDA	4. FEI Number 34-1711778	Applied For Not Applicable
Zip 33777	Country USA	Zip 33777	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TANEJA, JUGAL K
6950 BRYAN DAIRY ROAD
LARGO, FL 33777

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TANEJA, JUGAL K 6950 BRYAN DAIRY RD LARGO, FL 33777 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEKHARAM, KOTHA S 6950 BRYAN DAIRY RD LARGO, FL 33777 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD SHUMAN, CANI 12399 BELCHER ROAD S SUITE 160 LARGO, FL 33773 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARMA, RAKESH K MD 6925 112TH CIRCLE NORTH, STE 101 LARGO, FL 33773 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO TANEJA, MANDEEP K 12399 BELCHER ROAD S SUITE 160 LARGO, FL 33773 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORTON, STONE 270-26 HAWTHORNE DRIVE AURORA, OH 44202 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO, S, T, D SHUMAN, CANI 6911 BRYAN DAIRY RD., SUITE 210 LARGO, FL 33777 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARMA, RAKESH K-MD 6911 BRYAN DAIRY RD., SUITE 210 LARGO, FL 33777 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, CEO, D TANEJA, MANDEEP K 6911 BRYAN DAIRY RD., SUITE 210 LARGO, FL 33777 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANDEEP K. TANEJA, PRESIDENT 4/26/04 727-329-1845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #