

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000018423

**FILED**  
**Feb 06, 2011**  
**Secretary of State**

**Entity Name:** WEALTH OF HEALTH CENTER, PAULA KOGER, INC.

**Current Principal Place of Business:**

3305 RAMBLEWOOD DRIVE NORTH  
SARASOTA, FL 34237

**New Principal Place of Business:**

11983 PALMETTO WAY  
DUNNELLON, FL 34432

**Current Mailing Address:**

3305 RAMBLEWOOD DRIVE NORTH  
SARASOTA, FL 34237

**New Mailing Address:**

11983 PALMETTO WAY  
DUNNELLON, FL 34432

FEI Number: 59-3528803

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

INCORP SERVICES, INC.  
17888 67TH CT.NORTH  
LOXAHATCHEE, FL 33470 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: KOGER, PAULA  
Address: 11983 PALMETTO WAY  
City-St-Zip: DUNNELLON, FL 34432

Title: VP  
Name: KOGER, DAVID  
Address: 11983 PALMETTO WAY  
City-St-Zip: DUNNELLON, FL 34432

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: DAVID C. KOGER

VP

02/06/2011

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

\_\_\_\_\_ Date