

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000006289

**Entity Name:** ZIPP HEALTH & WELLNESS, INC.

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

655 N MILITARY TRAIL  
WEST PALM BEACH, FL 33415

**New Principal Place of Business:**

6295 LAKE WORTH ROAD  
#22  
LAKE WORTH, FL 33463

**Current Mailing Address:**

PO BOX 19655  
WEST PALM BEACH, FL 33416

**New Mailing Address:**

**FEI Number:** 65-0884562

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZIPP, JEFFREY A  
4186 BAHIA ISLE CIRCLE  
WELLINGTON, FL 33449 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: DR  
Name: ZIPP, JEFFREY A  
Address: 4186 BAHIA ISLE CIRCLE  
City-St-Zip: WELLINGTON, FL 33449

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: JEFFREY ZIPP

DR.

04/25/2011

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

\_\_\_\_\_  
Date