2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2011
Secretary of State

DOCUMENT# S03996

Entity Name: PROHEALTH MEDICAL, INC.

Current Principal Place of Business:

2450 MAITLAND CENTER PKWY
SUITE 200
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

2450 MAITLAND CENTER PKWY
SUITE 200
MAITLAND, FL 32751 US

New Mailing Address:

FEI Number: 59-3031736 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHALIN, LAWRENCE J
225 E. ROBINSON ST
STE. 600
ORLANDO, FL 32801 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-D
Name: MACLEAY, MICHAEL R
Address: 2450 MAITLAND CENTER PKWY, STE 200
City-St-Zip: MAITLAND, FL 32751

Title: D
Name: GARNER, H. STEPHEN
Address: 2450 MAITLAND CENTER PKWY, STE 200
City-St-Zip: MAITLAND, FL 32751

Title: D
Name: VOGT, STEPHEN C
Address: 2450 MAITLAND CENTER PKWY, STE 200
City-St-Zip: MAITLAND, FL 32751

Title: VP
Name: MONTANEZ, ELVIN
Address: 2450 MAITLAND CENTER PKWY, STE 200
City-St-Zip: MAITLAND, FL 32751

Title: VP
Name: NEWTON, SHARON M
Address: 2450 MAITLAND CENTER PKWY, STE 200
City-St-Zip: MAITLAND, FL 32751

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: SHARON NEWTON VP 04/14/2011

Electronic Signature of Signing Officer or Director Date