

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000008948

**Entity Name:** CAMP 4 HEALTH, INC.**Current Principal Place of Business:**2038 N. DIXIE HWY., STE. 104  
WILTON MANORS, FL 33305**Current Mailing Address:**2038 N. DIXIE HWY., STE. 104  
WILTON MANORS, FL 33305**FEI Number:** 26-0899420**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 33612-3425 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                               |
|-----------------|-------------------------------|
| Title           | P                             |
| Name            | SPENCER, WILL                 |
| Address         | 2805 E OAKLAND PARK BLVD #219 |
| City-State-Zip: | FORT LAUDERDALE FL 33306      |

|                 |                        |
|-----------------|------------------------|
| Title           | VP                     |
| Name            | BARD, PHYLLIS          |
| Address         | 4506 NW 73RD AVE       |
| City-State-Zip: | CORAL SPRINGS FL 33065 |

|                 |                          |
|-----------------|--------------------------|
| Title           | S                        |
| Name            | MCCABE, PRESTON LJR.     |
| Address         | 431 N VICTORIA PARK ROAD |
| City-State-Zip: | FORT LAUDERDALE FL 33301 |

|                 |                      |
|-----------------|----------------------|
| Title           | AT-L                 |
| Name            | MESSERALL, JEFFREY A |
| Address         | 1331 E FORREST AVE   |
| City-State-Zip: | EAST POINT GA 30344  |

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** WILLIAM SPENCER

PRESIDENT

05/02/2014

Electronic Signature of Signing Officer/Director Detail

Date