

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000084895

**FILED  
Jan 10, 2015  
Secretary of State  
CC0703063013**

**Entity Name:** PURE HEALTHY BACK, INC.

**Current Principal Place of Business:**

1030 N ORANGE AVE  
STE 300  
ORLANDO, FL 32801

**Current Mailing Address:**

1030 N ORANGE AVE  
STE 300  
ORLANDO, FL 32801

**FEI Number:** 61-1580268

**Certificate of Status Desired:** No

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

SZPORKA, MARK  
1030 N ORANGE AVE  
300  
ORLANDO, FL 32801 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           CEOD  
Name           LUBINSKY, RANDY  
Address        1030 N ORANGE AVE, STE 300  
City-State-Zip: ORLANDO FL 32801

Title           CFOD  
Name           SZPORKA, MARK  
Address        1030 N ORANGE AVE, STE 300  
City-State-Zip: ORLANDO FL 32801

Title           COO  
Name           HOLZAPFEL, HENRY  
Address        1030 N ORANGE AVE  
                  STE 300  
City-State-Zip: ORLANDO FL 32801

*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:** MARK SZPORKA

**DIRECTOR**

**01/10/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date