

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000005337

**Entity Name:** PURE HEALTH SOLUTIONS USA, INC.**Current Principal Place of Business:**950 CORPORATE WOODS PARKWAY  
VERNON HILLS, IL 60061**Current Mailing Address:**950 CORPORATE WOODS PARKWAY  
VERNON HILLS, IL 60061**FEI Number:** 84-1386975**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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	DIR
Name	KAYE, MICHAEL S
Address	100 BAYVIEW CIRCLE #500
City-State-Zip:	NEWPORT BEACH CA 92660

Title	DIR
Name	MACK, JOSHUA M
Address	100 BAYVIEW CIRCLE #500
City-State-Zip:	NEWPORT BEACH CA 92660

Title	PRES
Name	COOK, ROBERT
Address	950 CORPORATE WOODS PARKWAY
City-State-Zip:	VERNON HILLS IL 60061

Title	SECR
Name	MACK, JOSHUA M
Address	100 BAYVIEW CIR
City-State-Zip:	NEWPORT BEACH CA 92660

Title	VP
Name	BRACHMANN, SCOTT J
Address	950 CORPORATE WOODS PARKWAY
City-State-Zip:	VERNON HILLS IL 60061

*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:** SCOTT J BRACHMANN

VP

01/23/2013

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