

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000085509

**Entity Name:** C2 HEALTH, INC.

**Current Principal Place of Business:**

4498 COQUINA DRIVE  
JACKSONVILLE, FL 32250

**Current Mailing Address:**

4498 COQUINA DRIVE  
JACKSONVILLE, FL 32250 US

**FEI Number:** 46-1149180

**Certificate of Status Desired:** Yes

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

BROCKDORF, SOREN  
1212 NW 12TH AVENUE  
BUILDING A  
GAINESVILLE, FL 32601 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 AUGUSTINE, MINDY  
Address 4498 COQUINA DRIVE  
City-State-Zip: JACKSONVILLE FL 32250

*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:** MINDY D AUGUSTINE

**PRESIDENT**

**04/25/2013**

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

\_\_\_\_\_  
Date