

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000007337

**Entity Name:** YOGA HEALTH INSTITUTE, INC.

**Current Principal Place of Business:**

2103 CORAL WAY, SUITE 202  
MIAMI, FL 33145

**Current Mailing Address:**

2103 CORAL WAY, SUITE 202  
MIAMI, FL 33145

**FEI Number:** 45-3000196

**Certificate of Status Desired:** No

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

BURDETTE, WILLIAM R  
2103 CORAL WAY, SUITE 202  
MIAMI, FL 33145 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/D  
Name SANCHEZ, ANA MARGARET  
Address 2103 CORAL WAY, SUITE 202  
City-State-Zip: MIAMI FL 33145

Title SVPS  
Name BURDETTE, WILLIAM R  
Address 2103 CORAL WAY, SUITE 202  
City-State-Zip: MIAMI FL 33145

Title D  
Name BURDETTE, WILLIAM R  
Address 2103 CORAL WAY SUITE 202  
City-State-Zip: MIAMI FL 33145

Title VTD  
Name ESHER, ALEXANDRA  
Address 2103 CORAL WAY, SUITE 202  
City-State-Zip: MIAMI FL 33145

*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 BURDETTE

**DIRECTOR**

**05/01/2017**

Electronic Signature of Signing Officer/Director Detail

Date