

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000004731

**Entity Name:** TOUCH FOR INTEGRATIVE HEALTH INC

**Current Principal Place of Business:**

7751 KINGSPONTE PARKWAY  
STE 119  
ORLANDO, FL 32819

**Current Mailing Address:**

7751 KINGSPONTE PARKWAY  
STE 119  
ORLANDO, FL 32819 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

TAX SOLUTIONS MANAGEMENT CORP  
7751 KINGSPONTE PARKWAY  
STE 119  
ORLANDO, FL 32819 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 INOUE SALGADO, AFONSO  
Address 12767 WESTSIDE VILLAGE LOOP  
City-State-Zip: WINDERMERE FL 34786

Title VP  
Name CARRENO BLANCO, HECTOR H  
Address 14438 DULCIMER CT  
City-State-Zip: ORLANDO FL 32837

Title T  
Name SAENZ QUINTERO, CLAUDIA M  
Address 14438 DULCIMER CT  
City-State-Zip: ORLANDO FL 32837

Title S  
Name MOREIRA SALGADO, NILMA J  
Address 12767 WESTSIDE VILLAGE LOOP  
City-State-Zip: WINDERMERE FL 34786

*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:** AFONSO INOUE SALGADO

**PRESIDENT**

**03/15/2021**

Electronic Signature of Signing Officer/Director Detail

Date