

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000010790

**Entity Name:** NEO-HEALTH SERVICES, INC.

**Current Principal Place of Business:**

1830 CRESCENT BLVD  
ORLANDO, FL 32817

**Current Mailing Address:**

308 MADRES LANE  
MORRISVILLE, NC 27560 US

**FEI Number:** 65-0982971

**Certificate of Status Desired:** No

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

HOLTZMAN, SANDRA R  
1830 CRESCENT BLVD  
ORLANDO, FL 32817 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	T	Title	VP
Name	HOLTZMAN, SANDRA R	Name	REIFF, ANDREW M
Address	308 MADRES LANE	Address	107 BOWERS LN
City-State-Zip:	MORRISVILLE NC 27560	City-State-Zip:	CARY NC 27519

*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: SANDRA R. HOLTZMAN**

**DIRECTOR**

**01/17/2018**

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

\_\_\_\_\_  
Date