

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000030545

**Entity Name:** NATURAL HEALTH CONCEPTS #2, INC.

**Current Principal Place of Business:**

5495 NW 21ST AVENUE  
BOCA RATON, FL 33496

**Current Mailing Address:**

3801 N UNIVERSITY DRIVE  
318  
SUNRISE, FL 33351

**FEI Number:** 46-5359638

**Certificate of Status Desired:** No

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

CRAMMER, EDWIN L  
3801 N UNIVERSITY DRIVE  
318  
SUNRISE, FL 33351 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            PRESIDENT  
Name            BLOOM, STEPHEN EUGENE MD  
Address        5495 NW21ST AVENUE  
City-State-Zip: BOCA RATON FL 33496

Title            VP  
Name            BLOOM, JANET S  
Address        5495 NW 21ST AVENUE  
City-State-Zip: BOCA RATON FL 33496

*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:** STEPHEN BLOOM

**PRESIDENT**

**05/29/2020**

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

\_\_\_\_\_  
Date