

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000081808

**Entity Name:** KADESH HEALTH, CO.

**Current Principal Place of Business:**

10151 ENTERPRISE CENTER BLVD.  
STE. 204  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

10151 ENTERPRISE CENTER BLVD.  
STE. 204  
BOYNTON BEACH, FL 33437

**FEI Number:** 47-2002585

**Certificate of Status Desired:** No

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

GHERGHINA, DANIEL A  
281 OREGON LANE  
BOCA RATON, FL 33487 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/T/D  
Name GHERGHINA, VALENTINA T  
Address 281 OREGON LANE  
City-State-Zip: BOCA RATON FL 33487

Title VP  
Name GHERGHINA, DANIEL A  
Address 281 OREGON LANE  
City-State-Zip: BOCA RATON FL 33487

Title S  
Name CAPOTA, DANIELA A  
Address 281 OREGON LANE  
City-State-Zip: BOCA RATON FL 33487

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:** DANIEL GHERGHINA

VP

01/09/2017

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

\_\_\_\_\_  
Date