

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000004327

**Entity Name:** GLOW HEALTH P.A.

**Current Principal Place of Business:**

1801 NE 123RD ST  
SUITE 314  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

PO BOX 594  
TESUQUE, NM 87574 US

**FEI Number:** 47-2838978

**Certificate of Status Desired:** No

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

GOLDBERG, SHARON DR  
1801 NE 123RD ST  
SUITE 314  
NORTH MIAMI, FL 33181 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            GOLDBERG, SHARON DR  
Address        PO BOX 594  
City-State-Zip: TESUQUE NM 87574

*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:** SHARON GOLDBERG

**PRESIDENT**

**05/01/2020**

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

\_\_\_\_\_  
Date