

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000004327

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

**Current Principal Place of Business:**

6653 WOODLAKE RD  
JUPITER, FL 33458

**Current Mailing Address:**

6653 WOODLAKE RD  
JUPITER, FL 33458 US

**FEI Number:** 47-2838978

**Certificate of Status Desired:** No

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

GOLDBERG, SHARON DR  
6653 WOODLAKE RD  
JUPITER, FL 33458 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 GOLDBERG, SHARON DR  
Address 6653 WOODLAKE RD  
City-State-Zip: JUPITER FL 33458

*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

MD

09/05/2017

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

\_\_\_\_\_  
Date