

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000004327

Entity Name: GLOW HEALTH P.A.

Current Principal Place of Business:

9172 CARLYLE AVE
SURFSIDE, FL 33154

Current Mailing Address:

9172 CARLYLE AVE
SURFSIDE, FL 33154 US

FEI Number: 47-2838978

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOLDBERG, SHARON DR
9172 CARLYLE AVE
SURFSIDE, FL 33154 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 9172 CARLYLE AVE
City-State-Zip: SURFSIDE FL 33154

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

04/05/2016

Electronic Signature of Signing Officer/Director Detail

Date