

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000038319

**Entity Name:** WHOLESale HEALTH CORP

**Current Principal Place of Business:**

7491 N FEDERAL HWY  
STE C5-297  
BOCA RATON, FL 33487

**Current Mailing Address:**

7491 N FEDERAL HWY  
STE C5-297  
BOCA RATON, FL 33487 US

**FEI Number:** 47-4004907

**Certificate of Status Desired:** No

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

LERRO & CHANDROSS PLLC  
50 SW 2ND AVE  
SUITE 201  
BOCA RATON, FL 33432 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 LIPKINS, SANDY  
Address 7491 N FEDERAL HWY, STE C5-297  
City-State-Zip: BOCA RATON FL 33487

Title VP  
Name JIRIMONTI, DARON  
Address 10 E 29 STREET, 41F  
City-State-Zip: NEW YORK NY 10016

*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:** SANDY LIPKINS

P

02/02/2017

Electronic Signature of Signing Officer/Director Detail

Date