

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000055308

Entity Name: OHANA HEALTH, P.A.

Current Principal Place of Business:

50 SPRING VISTA DRIVE
DEBARY, FL 32713

Current Mailing Address:

50 SPRING VISTA DRIVE
DEBARY, FL 32713 US

FEI Number: 82-2015611

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARADIS, KRISTINE
50 SPRING VISTA DRIVE
DEBARY, FL 32713 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 PARADIS, KRISTINE
Address 1698 OLD TITUSVILLE RD.
City-State-Zip: ENTERPRISE FL 32725

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: KRISTINE PARADIS

CEO

03/21/2019

Electronic Signature of Signing Officer/Director Detail

Date