

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000019480

**Entity Name:** INSTITUTE OF CONSCIOUS HEALTH, INC

**Current Principal Place of Business:**

7600 RED ROAD  
SUITE PH 304  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

21218 ST ANDREWS BLVD  
STE 420  
BOCA RATON, FL 33434 US

**FEI Number:** 83-3884025

**Certificate of Status Desired:** No

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

LEONE, EVELYNE DO  
7600 RED ROAD  
SUITE PH 304  
SOUTH MIAMI, FL 33143 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 LEONE, EVELYNE AZOULAY DO  
Address 7600 RED ROAD  
SUITE PH 304  
City-State-Zip: SOUTH MIAMI FL 33143

*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:** EVELYNE LEONE

**PRESIDENT**

**01/11/2023**

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

\_\_\_\_\_  
Date