**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 23, 2023**
**Secretary of State**
**3509524310CC**

DOCUMENT# P21000054946

**Entity Name:** DR.ELINAHEALTH INC

**Current Principal Place of Business:**

700 3RD ST STE 202
NEPTUNE BEACH, FL 32266

**Current Mailing Address:**

614 BOWLES CT
NEPTUNE BEACH, FL 32266 US

**FEI Number: 81-2515590**

**Certificate of Status Desired:** No

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

CHERNYAK, EVGENY
614 BOWLES CT
NEPTUNE BEACH, FL 32266 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 | CHERNYAK, ELINA |
| Address | 410 SW SKYLINE DR |
| City-State-Zip: | PULLMAN WA 99163 |

*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: CHERNYAK , ELINA PRESIDENT 01/23/2023

Electronic Signature of Signing Officer/Director Detail — Date