

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000019238

**Entity Name:** NIRVANA HEALTH SERVICES, INC.**Current Principal Place of Business:**220 EAST CENTRAL PARKWAY  
2070  
ALTAMONTE SPRINGS, FL 32701**Current Mailing Address:**220 EAST CENTRAL PARKWAY  
2070  
ALTAMONTE SPRINGS, FL 32701 US**FEI Number:** 59-3229685**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MENDEZ, LEO  
220 EAST CENTRAL PARKWAY  
2070  
ALTAMONTE SPRINGS, FL 32701 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	PD
Name	MENDEZ, LEO
Address	220 EAST CENTRAL PARKWAY 2070
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	D
Name	PAULSEN, JANA
Address	220 EAST CENTRAL PARKWAY 2070
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	D
Name	ALLONG, ANDRE
Address	220 EAST CENTRAL PARKWAY 2070
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	SD
Name	MITCHELL, BECKY E
Address	220 EAST CENTRAL PARKWAY 2070
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	D
Name	HEWITT, KELLY
Address	220 EAST CENTRAL PARKWAY 2070
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

*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:** LEO MENDEZ**PRESIDENT****01/12/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date