

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000039212

Entity Name: MOBILE HEALTH, INC.

Current Principal Place of Business:

12180 28TH STREET NORTH
ST. PETERSBURG, FL 33716

Current Mailing Address:

15757 PINES BLVD.
B-262
PEMBROKE PINES, FL 33027

FEI Number: 65-0492724

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UMANSKY, HOWARD
15757 PINES BLVD.
B-262
PEMBROKE PINES, FL 33027 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 UMANSKY, HOWARD
Address 15757 PINES BLVD B-262
City-State-Zip: PEMBROKE PINES FL 33027

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: HOWARD UMANSKY DPM

PRESIDENT

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date