

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000089749

**Entity Name:** FOR THE HEALTH OF IT, INC.

**Current Principal Place of Business:**

2217 WEST COUNTY HWY 30-A  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

94 OLYMPUS ROAD  
SANTA ROSA BEACH, FL 32459

**FEI Number:** 59-3287992

**Certificate of Status Desired:** No

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

BERRY, EDWARD  
94 OLYMPUS ROAD  
SANTA ROSA BEACH, FL 32459 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            DPT  
Name            BERRY, EDWARD  
Address        94 OLYMPUS ROAD  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title            DVS  
Name            MORGAN, RACHEL  
Address        94 OLYMPUS ROAD  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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:** EDWARD BERRY

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01/11/2014

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

\_\_\_\_\_ Date