

**2016 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:**

P.O. BOX 1176  
SANTA ROSA BEACH FL 32459 US

**FEI Number:** 59-3287992

**Certificate of Status Desired:** No

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

BERRY, EDWARD  
112 EAST SHIPWRECK 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 112 EAST SHIPWRECK 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

DPT

01/30/2016

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

\_\_\_\_\_  
Date