

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000079709

Entity Name: ANAZAOHEALTH CORPORATION

Current Principal Place of Business:

7465 W SUNSET RD, SUITE 1200
LAS VEGAS, NV 89113

Current Mailing Address:

2400 PILOT KNOB RD
ST. PAUL, MN 55120 US

FEI Number: 59-3468608

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 SECRETARY
Name WEAVER, HAL
Address 7465 W SUNSET RD, SUITE 1200
City-State-Zip: LAS VEGAS NV 89113

Title PRESIDENT
Name WEAVER, HAL
Address 7465 W SUNSET RD, SUITE 1200
City-State-Zip: LAS VEGAS NV 89113

Title DIRECTOR
Name PADILLA, RAFAEL
Address 7465 W SUNSET RD, SUITE 1200
City-State-Zip: LAS VEGAS NV 89113

Title VP
Name CAMMANN, DOUG
Address 7465 W SUNSET RD, SUITE 1200
City-State-Zip: LAS VEGAS NV 89113

Title TREASURER
Name CAMMANN, DOUG
Address 7465 W SUNSET RD, SUITE 1200
City-State-Zip: LAS VEGAS NV 89113

Title CEO
Name JAKE, WILSON
Address 7465 W SUNSET RD, SUITE 1200
City-State-Zip: LAS VEGAS NV 89113

Title DIRECTOR
Name DAVALT, JOHN
Address 7465 W SUNSET RD, SUITE 1200
City-State-Zip: LAS VEGAS NV 89113

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: JAKE WILSON

CEO

03/22/2022

Electronic Signature of Signing Officer/Director Detail

Date