

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000079709

**Entity Name:** ANAZAOHEALTH CORPORATION

**Current Principal Place of Business:**

5710 HOOVER BLVD  
TAMPA, FL 33634

**Current Mailing Address:**

5710 HOOVER BLVD  
TAMPA, FL 33634 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           TREASURER  
Name           CAMMANN, DOUG  
Address        5710 HOOVER BLVD  
City-State-Zip: TAMPA FL 33634

Title           VP  
Name           CAMMANN, DOUG  
Address        5710 HOOVER BLVD  
City-State-Zip: TAMPA FL 33634

Title           DIRECTOR  
Name           PADILLA, RAFAEL  
Address        5710 HOOVER BLVD  
City-State-Zip: TAMPA FL 33634

Title           PRESIDENT  
Name           WEAVER, HAL  
Address        5710 HOOVER BLVD  
City-State-Zip: TAMPA FL 33634

Title           SECRETARY  
Name           WEAVER, HAL  
Address        5710 HOOVER BLVD  
City-State-Zip: TAMPA FL 33634

*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:** HAL WEAVER

**SECRETARY**

**03/25/2024**

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

\_\_\_\_\_  
Date