

2014 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F10000001472

Entity Name: UNIVITA HEALTH INC.**Current Principal Place of Business:**15800 SW 25TH STREET
MIRAMAR, FL 33027**Current Mailing Address:**15800 SW 25TH STREET
MIRAMAR, FL 33027 US**FEI Number:** 26-3778546**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 CHAIRMAN
Name LYTLE, L. BEN
Address 15800 SW 25TH STREET
City-State-Zip: MIRAMAR FL 33027

Title DIRECTOR
Name SHEEHY, ROBERT
Address 15800 SW 25TH STREET
City-State-Zip: MIRAMAR FL 33027

Title DIRECTOR
Name WELTMAN, ROBERT
Address 15800 SW 25TH STREET
City-State-Zip: MIRAMAR FL 33027

Title DIRECTOR
Name RUTLEDGE, ROB S
Address 15800 SW 25TH STREET
City-State-Zip: MIRAMAR FL 33027

Title VICE CHAIRMAN
Name LYTLE, HUGH H
Address 8601 N. SCOTTSDALE ROAD
SUITE 335
City-State-Zip: SCOTTSDALE AZ 85253

Title PRESIDENT, DIRECTOR
Name MUCHNICKI, MICHAEL A.
Address 15800 SW 25TH STREET
City-State-Zip: MIRAMAR FL 33027

Title DIRECTOR
Name CONTE, JEAN-PIERRE L.
Address 15800 SW 25TH STREET
City-State-Zip: MIRAMAR FL 33027

Title SECRETARY
Name BYRD, DOUGLAS D
Address 5 COMMONWEALTH ROAD
City-State-Zip: NATICK MA 01760

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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: DOUGLAS D. BYRD**SECRETARY****07/29/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	TREASURER
Name	COTO, RAMON E
Address	15800 SW 25TH STREET
City-State-Zip:	MIRAMAR FL 33027