

**2015 FOREIGN PROFIT CORPORATION 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 VICE CHAIRMAN  
Name LYTLE, HUGH H  
Address 8601 N. SCOTTSDALE ROAD  
SUITE 335  
City-State-Zip: SCOTTSDALE AZ 85253

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

Title PRESIDENT, DIRECTOR  
Name MUCHNICKI, MICHAEL A.  
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 CONTE, JEAN-PIERRE L.  
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 SECRETARY  
Name BYRD, DOUGLAS D  
Address 5 COMMONWEALTH ROAD  
City-State-Zip: NATICK MA 01760

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

*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**

**04/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date