

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000003342

Entity Name: ACARIAHEALTH, INC.

Current Principal Place of Business:

6923 LEE VISTA BLVD., SUITE 300
ORLANDO, FL 32822

Current Mailing Address:

6923 LEE VISTA BLVD., SUITE 300
ORLANDO, FL 32822 US

FEI Number: 45-2780334

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PALNTATION 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: MICHELE HOLDEN

04/10/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title COO/DIRECTOR
Name FISHER, JEFFREY
Address 6923 LEE VISTA BLVD., SUITE 300
City-State-Zip: ORLANDO FL 32822

Title EXECUTIVE VP, SALES & MARKETING
Name FONTANEZ, CARMEN
Address 6923 LEE VISTA BLVD., SUITE 300
City-State-Zip: ORLANDO FL 32822

Title VP/SECRETARY/DIRECTOR
Name HARROLD, JASON
Address 6923 LEE VISTA BLVD., SUITE 300
City-State-Zip: ORLANDO FL 32822

Title PRESIDENT/DIRECTOR
Name HOWARD, DONALD
Address 6923 LEE VISTA BLVD., SUITE 300
City-State-Zip: ORLANDO FL 32822

Title CFO
Name JENSEN, STEPHEN
Address 6923 LEE VISTA BLVD., SUITE 300
City-State-Zip: ORLANDO FL 32822

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: STEPHEN JENSEN

CFO

04/10/2015

Electronic Signature of Signing Officer/Director Detail

Date