

2013 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

FEI Number: 45-2780334

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JENSEN, STEPHEN
6923 LEE VISTA BLVD.
SUITE 300
ORLANDO, FL 32822 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 CEO
Name HOWARD, DONALD
Address 6923 LEE VISTA BLVD. #300
City-State-Zip: ORLANDO FL 32822

Title COO
Name FISHER, JEFFERY
Address 6923 LEE VISTA BLVD. #300
City-State-Zip: ORLANDO FL 32822

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

Title D
Name ANGEL, MATTHEW
Address 6610 W SAM HOUSTON PARKWAY N
 #300
City-State-Zip: HOUSTON TX 77041

Title D
Name ROSENBERRY, KENTON
Address 601 LEXINGTON AVENUE, 55TH
 FLOOR
City-State-Zip: NEW YORK NY 10022

Title D
Name GARCIA, CHRISTOPHER
Address 601 LEXINGTON AVENUE, 55TH
 FLOOR
City-State-Zip: NEW YORK NY 10022

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 D JENSEN

CFO

03/06/2013

Electronic Signature of Signing Officer/Director Detail

Date