

**2016 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

04/06/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE VP, BUS. DEV.,  
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

04/06/2016

Electronic Signature of Signing Officer/Director Detail

Date