

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000003342

Entity Name: ACARIAHEALTH, INC.

Current Principal Place of Business:

8427 SOUTHPARK CIRCLE, #400
ORLANDO, FL 32819

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

04/02/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CEO, DIRECTOR
Name HOWARD, DONALD
Address 8427 SOUTHPARK CIRCLE, #400
City-State-Zip: ORLANDO FL 32819

Title VP, TAX
Name DINKELMAN, TRICIA
Address 7700 FORSYTH BLVD,
City-State-Zip: ST. LOUIS MO 63105

Title SECRETARY, DIRECTOR
Name WILLIAMSON, KEITH H
Address 7700 FORSYTH BLVD
City-State-Zip: ST. LOUIS MO 63105

Title CFO
Name JENSEN, STEPHEN
Address 8427 SOUTHPARK CIRCLE, #400
City-State-Zip: ORLANDO FL 32819

Title ASSISTANT SECRETARY
Name BRADLEY-WELLS, KATHY
Address 8427 SOUTHPARK CIRCLE, #400
City-State-Zip: ORLANDO FL 32819

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: TRICIA DINKELMAN

VICE PRESIDENT, TAX

04/02/2019

Electronic Signature of Signing Officer/Director Detail

Date