

2017 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

FILED
Apr 13, 2017
Secretary of State
CC6781134484

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
PALMNTATION 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

04/13/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title COO
Name SIVORI, JOHN
Address 6923 LEE VISTA BLVD.
SUITE 300
City-State-Zip: ORLANDO FL 32822

Title PRESIDENT
Name SIVORI, JOHN
Address 6923 LEE VISTA BLVD.
SUITE 300
City-State-Zip: ORLANDO FL 32822

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

Title ASSISTANT SECRETARY
Name BRADLEY-WELLS, KATHY
Address 6923 LEE VISTA BLVD.
SUITE 300
City-State-Zip: ORLANDO FL 32822

Title VP
Name HUNTER, JESSE N.
Address 6923 LEE VISTA BLVD.
SUITE 300
City-State-Zip: ORLANDO FL 32822

Title VP, TAX
Name DINKELMAN, TRICIA
Address 6923 LEE VISTA BLVD.
SUITE 300
City-State-Zip: ORLANDO FL 32822

Title SECRETARY
Name WILLIAMSON, KEITH H.
Address 6923 LEE VISTA BLVD.
SUITE 300
City-State-Zip: ORLANDO FL 32822

Title DIRECTOR
Name HUNTER, JESSE N.
Address 6923 LEE VISTA BLVD.
SUITE 300
City-State-Zip: ORLANDO FL 32822

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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

04/13/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WILLIAMSON, KEITH H.
Address 6923 LEE VISTA BLVD.
SUITE 300
City-State-Zip: ORLANDO FL 32822

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

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

Title EXECUTIVE VICE PRESIDENT, SALES
& MARKETING
Name FONTANEZ, CARMEN
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

Title VP
Name SCHWANEKE, JEFFREY A.
Address 6923 LEE VISTA BLVD.
SUITE 300
City-State-Zip: ORLANDO FL 32822