

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000003342

**Entity Name:** ACARIAHEALTH, INC.

**Current Principal Place of Business:**

8517 SOUTHPARK CIRCLE  
ORLANDO, FL 32819

**Current Mailing Address:**

7700 FORSYTH BLVD.  
ST. LOUIS, MO 63105 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

04/27/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title PRESIDENT, DIRECTOR  
Name JENSEN, STEPHEN  
Address 8517 SOUTHPARK CIRCLE  
City-State-Zip: ORLANDO FL 32819

Title SECRETARY, DIRECTOR  
Name STUBSTAD, JUSTIN  
Address 7700 FORSYTH BLVD.  
City-State-Zip: ST. LOUIS MO 63105

*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

04/27/2023

Electronic Signature of Signing Officer/Director Detail

Date