

**2014 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:**

NATIONAL REGISTERED AGENTS, INC.  
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:** MICHELE HOLDEN

02/14/2014

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

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

Title VP, SECRETARY, DIRECTOR  
Name HARROLD, JASON  
Address 7700 FORSYTH BLVD  
City-State-Zip: ST LOUIS MO 63105

Title VP  
Name CLAGETT, PETER  
Address 2425 WEST SHAW BLVD  
City-State-Zip: FRESNO CA 93711

*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

02/14/2014

Electronic Signature of Signing Officer/Director Detail

Date