

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000003139

Entity Name: ADELDA HEALTH, INC.

Current Principal Place of Business:

607 MAIN AVENUE, SUITE 200
NORWALK, CT 06851

Current Mailing Address:

607 MAIN AVENUE, SUITE 200
NORWALK, CT 06851

FEI Number: 27-3784689

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIMNOCK, CLIVE
901 NORTHPOINT PARKWAY
SUITE 104
WEST PALM BEACH, FL 33407 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	C/P	Title	S/T
Name	SIMNOCK, CLIVE	Name	SIMNOCK, CLIVE
Address	9078 LIMESTONE LANE	Address	9078 LIMESTONE LANE
City-State-Zip:	NAPLES FL 34120	City-State-Zip:	NAPLES FL 34120

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: CLIVE SIMNOCK

CEO

02/26/2015

Electronic Signature of Signing Officer/Director Detail

Date