

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000003139

Entity Name: ADELDA HEALTH, INC.

Current Principal Place of Business:

901 NORTHPOINT PARKWAY
SUITE 104
WEST PALM BEACH, FL 33407

Current Mailing Address:

901 NORTHPOINT PARKWAY
SUITE 104
WEST PALM BEACH, FL 33407 US

FEI Number: 27-3784689

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIMNOCK, CLIVE
6405 MONTESITO STREET
BOCA RATON, FL 33406 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 P
Name SIMNOCK, CLIVE
Address 901 NORTHPOINT PARKWAY
 SUITE 104
City-State-Zip: WEST PALM BEACH FL 33407

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

02/24/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date