

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000003139

**FILED**  
**Jan 06, 2020**  
**Secretary of State**  
**1919947415CC**

**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            CEO  
Name            SIMNOCK, CLIVE  
Address        901 NORTHPOINT PARKWAY  
                  SUITE 104  
City-State-Zip: WEST PALM BEACH FL 33407

Title            DIRECTOR  
Name            SIMNOCK, ADRIENNE  
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

01/06/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date