

**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