

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000001021

**Entity Name:** PRIMERA HEALTH AND WELLNESS COMPANY

**Current Principal Place of Business:**

3060 PEACHTREE RD, STE 965  
ATLANTA, GA 30319

**Current Mailing Address:**

3060 PEACHTREE ROAD  
ATLANTA, GA 30305 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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           DIRECTOR  
Name           KOTHARI, DR SHUE  
Address        800 VIRGINIA AVE STE 200  
                  HAPEVILLE GA  
City-State-Zip: ATLANTA GA 30354

Title           PRESIDENT  
Name           KOTHARI, DR SHUE  
Address        800 VIRGINIA AVE STE 200  
                  HAPEVILLE GA  
City-State-Zip: ATLANTA GA 30354

Title           SECRETARY  
Name           ARUNACHALAM, KRISHNAN  
Address        800 VIRGINIA AVE STE 200  
                  HAPEVILLE  
City-State-Zip: ATLANTA GA 30354

Title           TREASURER  
Name           ARUNACHALAM, KRISHNAN  
Address        800 VIRGINIA AVE STE 200  
                  HAPEVILLE  
City-State-Zip: ATLANTA GA 30354

*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:** DR SHUE KOTHARI

**PRESIDENT**

**02/18/2016**

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

\_\_\_\_\_  
Date