

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000005170

**Entity Name:** ANDORHEALTH VENTURES, INC.**Current Principal Place of Business:**4203 VINELAND ROAD STE K6  
ORLANDO, FL 32811**Current Mailing Address:**4203 VINELAND ROAD STE K6  
ORLANDO, FL 32811 US**FEI Number:** 85-0782264**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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	DIRP, CEO
Name	TOLETI, RAJ
Address	4203 VINELAND RD STE K6
City-State-Zip:	ORLANDO FL 32811

Title	DIR, CFO, TREASURER
Name	STREUFERT, SHANE
Address	4203 VINELAND RD STE K6
City-State-Zip:	ORLANDO FL 32811

Title	DIR, SEC, COO
Name	PATEL, PRITESH
Address	4203 VINELAND RD STE K6
City-State-Zip:	ORLANDO FL 32811

*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:** SHANE STREUFERT

CFO

04/12/2021

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