

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000003516

**Entity Name:** 26HEALTH, INC.**Current Principal Place of Business:**801 N. MAGNOLIA AVE., STE 402  
ORLANDO, FL 32803**Current Mailing Address:**801 N. MAGNOLIA AVE., STE 402  
ORLANDO, FL 32803 US**FEI Number:** 45-1063515**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MEEHLE, SUZANNE D ESQ.  
1215 E CONCORD STREET  
ORLANDO, FL 32803 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:** SUZANNE MEEHLE

01/18/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT/CO-CEO  
Name BAKER-HARGROVE, DAVID  
Address 801 N. MAGNOLIA AVE., STE 402  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR  
Name LOVETT, CHEVALIER  
Address 801 N. MAGNOLIA AVE., STE 402  
City-State-Zip: ORLANDO FL 32803

Title TREASURER  
Name POLLEY, JOANN  
Address 801 N. MAGNOLIA AVE., STE 402  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR  
Name YOUNG, RA'SHON  
Address 801 N. MAGNOLIA AVE., STE 402  
City-State-Zip: ORLANDO FL 32803

Title COO/CO-CEO  
Name BAKER-HARGROVE, ROBERT LOUIS  
Address 801 N. MAGNOLIA AVE., STE 402  
City-State-Zip: ORLANDO FL 32803

Title SECRETARY  
Name HINTON, SHAKHEA  
Address 801 N. MAGNOLIA AVE., STE 402  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR  
Name HARDRICK, DAVID  
Address 801 N. MAGNOLIA AVE., STE 402  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR  
Name SHEMEYLA, J. ALAN  
Address 801 N. MAGNOLIA AVE., STE 402  
City-State-Zip: ORLANDO FL 32803

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*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BAKER-HARGROVE , DAVID

PRESIDENT/CO-CEO

01/18/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	WILLIAMS, CHAUDRIANE
Address	801 N. MAGNOLIA AVE., STE 402
City-State-Zip:	ORLANDO FL 32803