

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003516

Entity Name: 26HEALTH, INC.

Current Principal Place of Business:

801 N. MAGNOLIA AVE.
SUITE 305
ORLANDO, FL 32803

Current Mailing Address:

801 N. MAGNOLIA AVE.
SUITE 305
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

04/25/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name HARDRICK, DAVID J DR.
Address 801 N. MAGNOLIA AVE.
SUITE 305
City-State-Zip: ORLANDO FL 32803

Title TREASURER
Name WILLIAMS, CHAUDRIANE
Address 801 N. MAGNOLIA AVE.
SUITE 305
City-State-Zip: ORLANDO FL 32803

Title COO
Name STEWARD, LATRICE
Address 801 N. MAGNOLIA AVE.
SUITE 305
City-State-Zip: ORLANDO FL 32803

Title CFO
Name JAMES, LORNA
Address 801 N. MAGNOLIA AVE.
SUITE 305
City-State-Zip: ORLANDO FL 32803

Title CHIEF STRATEGY OFFICER
Name MARTIN, BRANDON
Address 801 N. MAGNOLIA AVE.
SUITE 305
City-State-Zip: ORLANDO FL 32803

Title SECRETARY
Name MCCULLOUGH, CHERLETTE
Address 801 N. MAGNOLIA AVE.
SUITE 305
City-State-Zip: ORLANDO FL 32803

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: DR. DAVID HARDRICK

CHAIRMAN

04/25/2024

Electronic Signature of Signing Officer/Director Detail

Date