

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000009435

**Entity Name:** UNITED HUMAN HEALTH, INC.

**Current Principal Place of Business:**

3259 NATURE CIRCLE  
SARASOTA, FL 34235

**Current Mailing Address:**

P O BOX 7367  
NORTH PORT, FL 34290 US

**FEI Number: 46-3710084**

**Certificate of Status Desired: No**

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

BELFLEUR, VINCENT  
3259 NATURE CIRCLE  
SARASOTA, FL 34235 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: VINCENT BELFLEUR**

**09/24/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BELFLEUR, VINCENT  
Address        3259 NATURE CIR  
                  102  
City-State-Zip: SARASOTA FL 34235

Title            SECRETARY  
Name            MAURICE, ANDARLINE  
Address        14018 ECON WOODS LANE  
City-State-Zip: ORLANDO FL 32826

Title            VP  
Name            HERMAN, LAGUERRE  
Address        18701 NE 3 CT  
                  122  
City-State-Zip: MIAMI FL 33169

Title            OFFICER  
Name            BELFLEUR, LUXENE  
Address        317 MELODY LN  
City-State-Zip: LANTANA FL 33462

*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: VINCENT BELFLEUR**

**PRESIDENT**

**09/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date