

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000009435

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

**Current Principal Place of Business:**

2045 HYDE PARK ST  
SARASOTA, FL 34239

**Current Mailing Address:**

P O BOX 8114  
NORTH PORT, FL 34290

**FEI Number: 46-3710084**

**Certificate of Status Desired: No**

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

BELFLEUR, VINCENT  
2045 HYDE PARK ST  
4  
SARASOTA, FL 34239 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**

**09/15/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BELFLEUR, VINCENT  
Address        2045 HYDE PARK ST  
                  4  
City-State-Zip: SARASOTA FL 34239

Title            SECRETARY  
Name            JEAN, SERGENA  
Address        26290 RAMPART BLVD  
                  C  
City-State-Zip: ORLANDO FL 33983

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**

**09/15/2016**

Electronic Signature of Signing Officer/Director Detail

Date