

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K52730

**Entity Name:** HEALTH TOUCH INC.

**Current Principal Place of Business:**

4118 BRENTWOOD PARK CR  
TAMPA, FL 33624

**Current Mailing Address:**

PO BOX 273233  
TAMPA, FL 33688-3233 US

**FEI Number:** 59-2921940

**Certificate of Status Desired:** No

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

PRESTI, STEPHANIE  
4118 BRENTWOOD PARK CIRCLE  
TAMPA, FL 33624 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            D  
Name            PRESTI, STEPHANIE L  
Address        4118 BRENTWOOD PL CIR  
City-State-Zip: TAMPA FL 33624

*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:** STEPHANIE PRESTI

**PRESIDENT/PRINCIPAL**

**02/02/2014**

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

\_\_\_\_\_ Date