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: RENEE GORDEN

Electronic Signature of Signing Officer/Director Detail

6361 WALK CIRCLE BOCA RATON. FL 33431 US

FEI Number: 90-0907945

Current Mailing Address:

Name and Address of Current Registered Agent:

GORDEN, RENEE 6361 WALK CIRCLE BOCA RATON, FL 33431 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: RENEE GORDEN

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Р
Name	GORDEN, RENEE
Address	6361 WALK CIRCLE
City-State-Zip:	BOCA RATON FL 33431

PRESIDENT

Certificate of Status Desired: No

01/06/2016

Date

01/06/2016

Date

FILED Jan 06, 2016 Secretary of State CC0676538887

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000058349

Entity Name: RENEE GORDEN HEALTH CHOICE AMERICA, INC.

Current Principal Place of Business:

6361 WALK CIRCLE BOCA RATON, FL 33431