

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000000463

**Entity Name:** BOH HEALTH PLUS CORP

**Current Principal Place of Business:**

818 N MAIN ST  
KISSIMMEE, FL 34744

**Current Mailing Address:**

PO BOX 452878  
KISSIMMEE, FL 34745 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

RODRIGUEZ, HECTOR L JR  
818 N MAIN ST  
KISSIMMEE, FL 34744 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            CEO  
Name            ROMAN, VANESSA  
Address        818 N MAIN ST  
City-State-Zip: KISSIMMEE FL 34744

Title            P  
Name            RODRIGUEZ, HECTOR L J  
Address        818 N MAIN  
City-State-Zip: KISSIMMEE FL 34744

*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:** HECTOR L RODRIGUEZ

**PRESIDENT**

**04/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date