

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000028718

Entity Name: DESIGNS FOR HEALTH, INC.**Current Principal Place of Business:**6 COMMERCE BLVD.
PALM COAST, FL 32164**Current Mailing Address:**980 SOUTH STREET
SUFFIELD, CT 06078 US**FEI Number: 06-1468349****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	CHAIRMAN
Name	LIZOTTE, JONATHAN
Address	6 COMMERCE BOULEVARD
City-State-Zip:	PALM COAST FL 32164

Title	S
Name	LIZOTTE, GAIL
Address	6 COMMERCE BOULEVARD
City-State-Zip:	PALM COAST FL 32164

Title	ASSISTANT SECRETARY
Name	CARRUTHERS, STEPHEN M
Address	980 SOUTH STREET
City-State-Zip:	SUFFIELD CT 06078

Title	CEO
Name	LIZOTTE, L. PHILIP
Address	6 COMMERCE BOULEVARD
City-State-Zip:	PALM COAST FL 32164

Title	D
Name	LIZOTTE, JONATHAN
Address	6 COMMERCE BOULEVARD
City-State-Zip:	PALM COAST FL 32164

Title	PRESIDENT
Name	KOEHLER, ROGER
Address	6 COMMERCE BOULEVARD
City-State-Zip:	PALM COAST FL 32164

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: STEPHEN CARRUTHERS**ASSISTANT SECRETARY 03/20/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date