

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000047092

**Entity Name:** GOLDEN HEALTH PRACTITIONERS INC.

**Current Principal Place of Business:**

226 A ST. JOE PLAZA DR.  
SUITE 113  
PALM COAST, FL 32164

**Current Mailing Address:**

180 PINNACLES DRIVE  
SUITE 201  
PALM COAST, FL 32164 US

**FEI Number:** 93-2243637

**Certificate of Status Desired:** No

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

ACLOQUE, ELIZABETH M  
18 WEYANOKE LN  
PALM COAST, FL 32164 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            ACLOQUE, ELIZABETH M  
Address        18 WEYANOKE LN  
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:** ELIZABETH M ACLOQUE

CEO

04/28/2025

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

\_\_\_\_\_  
Date