

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23000087319

Entity Name: AXIVA HEALTH SOLUTIONS, INC.

Current Principal Place of Business:

3420 FAIRLANE RD STE 200
WELLINGTON, FL 33414

Current Mailing Address:

3420 FAIRLANE RD STE 200
WELLINGTON, FL 33414 US

FEI Number: 45-3988879

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAPIRO, COLLEEN STACEY
3420 FAIRLANE RD STE 200
WELLINGTON, FL 33414 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 SHAPIRO, COLLEN S
Address 3420 FAIRLANE RD STE 200
City-State-Zip: WELLINGTON FL 33414

Title P
Name SHAPIRO, COLLEN S
Address 3420 FAIRLANE RD STE 200
City-State-Zip: WELLINGTON FL 33414

Title T
Name SHAPIRO, COLLEN S
Address 3420 FAIRLANE RD STE 200
City-State-Zip: WELLINGTON FL 33414

Title S
Name SHAPIRO, COLLEN S
Address 3420 FAIRLANE RD STE 200
City-State-Zip: WELLINGTON FL 33414

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: SHAPIRO , COLLEN S

PRESIDENT

01/27/2025

Electronic Signature of Signing Officer/Director Detail

Date