

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000001034

**Entity Name:** KRONOS OPTIMAL HEALTH COMPANY**Current Principal Place of Business:**25500 N. NORTERRA DRIVE  
PHOENIX, AZ 85085**Current Mailing Address:**25500 N. NORTERRA DRIVE  
PHOENIX, AZ 85085 US**FEI Number:** 20-8064696**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S. 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            PRESIDENT  
Name            MUNEY, ALAN  
Address        25500 N. NORTERRA DRIVE  
City-State-Zip: PHOENIX AZ 85085

Title            ASSISTANT SECRETARY  
Name            ALLYN, MATTHEW  
Address        25500 N. NORTERRA DRIVE  
City-State-Zip: PHOENIX AZ 85085

Title            ASSISTANT TREASURER  
Name            LAMBERT, SCOTT  
Address        25500 N. NORTERRA DRIVE  
City-State-Zip: PHOENIX AZ 85085

Title            ASSISTANT SECRETARY  
Name            SASSER, JESSICA  
Address        25500 N. NORTERRA DRIVE  
City-State-Zip: PHOENIX AZ 85085

Title            DIRECTOR  
Name            OUGH, BRIAN  
Address        25500 N. NORTERRA DRIVE  
City-State-Zip: PHOENIX AZ 85085

Title            VICE PRESIDENT  
Name            BRAJE, MARGUERITE  
Address        25500 N. NORTERRA DRIVE  
City-State-Zip: PHOENIX AZ 85085

Title            ASSISTANT SECRETARY  
Name            OLEKSAK, KEVIN  
Address        25500 N. NORTERRA DRIVE  
City-State-Zip: PHOENIX AZ 85085

Title            VICE PRESIDENT  
Name            YABLECKI, JAMES  
Address        25500 N. NORTERRA DRIVE  
City-State-Zip: PHOENIX AZ 85085

*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:** SCOTT LAMBERT**ASSISTANT TREASURER    02/22/2023**

Electronic Signature of Signing Officer/Director Detail

Date