

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001034

Entity Name: KRONOS OPTIMAL HEALTH COMPANY**Current Principal Place of Business:**25500 N. NORTERRA DR.
PHOENIX, AZ 85085**Current Mailing Address:**25500 N. NORTERRA DR.
PHOENIX, AZ 85085 US**FEI Number:** NOT APPLICABLE**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	VACANCY, VACANCY
Address	25500 N. NORTERRA DR.
City-State-Zip:	PHOENIX AZ 85085

Title	SECRETARY
Name	MAPP, SHERMONA
Address	25500 N. NORTERRA DR.
City-State-Zip:	PHOENIX AZ 85085

Title	TREASURER, VP
Name	MCHALE, BARRY R.
Address	25500 N. NORTERRA DR.
City-State-Zip:	PHOENIX AZ 85085

Title	DIRECTOR
Name	MCGROARTY, RYAN B.
Address	25500 N. NORTERRA DR.
City-State-Zip:	PHOENIX AZ 85085

Title	DIRECTOR
Name	NADDOUR, SHERRY STURMAN
Address	25500 N. NORTERRA DR.
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: SHERMONA MAPP**SECRETARY****04/23/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date