

2020 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	DIRECTOR
Name	MUNEY, ALAN
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	PRESIDENT
Name	MUNEY, ALAN
Address	25500 N. NORTERRA DRIVE
City-State-Zip:	PHOENIX AZ 85085

Title	CHIEF FINANCIAL OFFICER
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	VICE PRESIDENT
Name	LAMBERT, SCOTT
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

VICE PRESIDENT

06/25/2020

Electronic Signature of Signing Officer/Director Detail_____
Date