

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000001544

Entity Name: ESSIA HEALTH, INC.**Current Principal Place of Business:**1200 E. LAS OLAS BLVD
STE 201
FORT LAUDERDALE, FL 33301**Current Mailing Address:**1200 E. LAS OLAS BLVD
STE 201
FORT LAUDERDALE, FL 33301 US**FEI Number: 37-1761313****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH 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 / CEO, DIRECTOR
Name	MURPHY, MICHAEL
Address	1200 E. LAS OLAS BLVD STE 201
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	SECRETARY
Name	GLASS, GARY
Address	1200 E. LAS OLAS BLVD STE 201
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	TREASURER / CFO
Name	WELCH, MICHAEL
Address	1200 E. LAS OLAS BLVD STE 201
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	DIRECTOR
Name	FEINSTEIN, ADAM
Address	1200 E. LAS OLAS BLVD STE 201
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	DIRECTOR
Name	LAMB, SARAH
Address	1200 E. LAS OLAS BLVD STE 201
City-State-Zip:	FORT LAUDERDALE FL 33301

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: GARY GLASS**SECRETARY****04/04/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date