

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000000645

Entity Name: ACCUQUEST HEALTH PROGRAMS, INC.

Current Principal Place of Business:

254 S. MAIN STREET
SUITE 302
NEW CITY, NY 10956

Current Mailing Address:

2440 BROADWAY
SUITE 272
NEW YORK, NY 10024

FEI Number: 20-3661449

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, ANDREW DR.
12300 ALTERNATE A1A, SUITE 119
PALM BEACH GARDENS, FL 33410 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 CP
Name SCHWARTZ, BARBARA E
Address 215 WEST 90TH STREET, #8-F
City-State-Zip: NEW YORK NY 10024

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: BARBARA E SCHWARTZ

PRESIDENT

01/07/2014

Electronic Signature of Signing Officer/Director Detail

Date