

**2015 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/CEO**

**05/01/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date