

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000006800

Entity Name: APICEHEALTH INC.**Current Principal Place of Business:**14830 INGLE LANE
JACKSONVILLE, FL 32223**Current Mailing Address:**14830 INGLE LANE
JACKSONVILLE, FL 32223 US**FEI Number:** 86-1821933**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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	CDPO
Name	ZAEPFEL, DAVID
Address	14830 INGLE LANE
City-State-Zip:	JACKSONVILLE FL 32223

Title	DIR
Name	KERSHENBAUM, JOSEPH
Address	180 GRILLEYTOWN RD, UNIT 1819
City-State-Zip:	WATERBURY CT 06704

Title	DRSE
Name	RATNER, CRAIG
Address	2301 CHERRY ST, APT 10D
City-State-Zip:	PHILADELPHIA PA 19103

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: CRAIG RATNER

GENERAL COUNSEL

04/29/2022

Electronic Signature of Signing Officer/Director Detail_____
Date