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.

SEC/TREAS

SIGNATURE: CAROL E METZLER

Electronic Signature of Signing Officer/Director Detail

#### 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# H39795

Entity Name: OCEAN HEALTH PROPERTIES, INC.

# **Current Principal Place of Business:**

113 SOUTH MARKET STREET ELIZABETHTOWN, PA 17022

# **Current Mailing Address:**

**113 SOUTH MARKET STREET** ELIZABETHTOWN, PA 17022 US

# FEI Number: 74-2357403

# 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:

# Officer/D

Title	S/T	Title	Р
Name	METZLER, CAROL E	Name	WILT, WALTER W
Address	113 S. MARKET STREET	Address	23 ESSEX DR
City-State-Zip:	ELIZABETHTOWN PA 17022	City-State-Zip:	PALMYRA PA 17078

	Electronic Signature of Registered Agent				
Director Detail :					
	S/T	Title	Р		
	METZLER, CAROL E	Name	WILT, WALTER W		

Certificate of Status Desired: No

Date

01/17/2018 Date