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		
Officer/Director Detail :			
Title	P	Title	т
Name	PATEL, POOJA N	Name	DOHERTY, JAMES R
Address	3200 SUMMIT BLVD #18145	Address	3200 SUMMIT BLVD #18145
City-State-Zip:	WEST PALM BEACH FL 33416	City-State-Zip:	WEST PALM BEACH FL 33416
Title	S		

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000007178

Entity Name: SHOW AND HEAL, INC.

Current Principal Place of Business:

3200 SUMMIT BLVD #18145 WEST PALM BEACH. FL 33416

Current Mailing Address:

3200 SUMMIT BLVD #18145 WEST PALM BEACH. FL 33416 US

FEI Number: 81-3524247

Name Address

City-State-Zip:

Name and Address of Current Registered Agent:

HOWELL, DAKOTA

3200 SUMMIT BLVD #18145

WEST PALM BEACH FL 33416

PATEL, POOJA N 3200 SUMMIT BLVD #18145 WEST PALM BEACH, FL 33416 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: POOJA N. PATEL

PRESIDENT

04/18/2019 Date

Electronic Signature of Signing Officer/Director Detail

FILED Apr 18, 2019 Secretary of State 3960857004CC

Certificate of Status Desired: No

Date