## 2021 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 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

**FILED** Jun 03, 2021

**Secretary of State** 

0916697483CC

Officer/Director Detail:

Title Title **TREASURER** 

PATEL, POOJA N Name DOHERTY, JAMES R Name

3200 SUMMIT BLVD #18145 3200 SUMMIT BLVD #18145 Address Address

City-State-Zip: WEST PALM BEACH FL 33416 WEST PALM BEACH FL 33416 City-State-Zip:

Title VΡ

Name SHORNDEN, SONA

Address 3200 SUMMIT BLVD #18145 WEST PALM BEACH FL 33416 City-State-Zip:

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 PATEL 06/03/2021 **PRESIDENT**