

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000007178

**Entity Name:** SHOW AND HEAL, INC.

**Current Principal Place of Business:**

5000 N OCEAN BLVD G-204  
BRINY BREEZES, FL 33435

**Current Mailing Address:**

5000 N OCEAN BLVD G-204  
BRINY BREEZES, FL 33435 US

**FEI Number:** 81-3524247

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PATEL, POOJA  
5000 N OCEAN BLVD G-204  
BRINY BREEZES, FL 33435 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:** POOJA PATEL

03/18/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name PATEL, POOJA  
Address 5000 N OCEAN BLVD G-204  
City-State-Zip: BRINY BREEZES FL 33435

Title VP  
Name IRANI, PAYAL  
Address 5000 N OCEAN BLVD G-204  
City-State-Zip: BRINY BREEZES FL 33435

Title SECRETARY  
Name SCHULTZ, LIA  
Address 5000 N OCEAN BLVD G-204  
City-State-Zip: BRINY BREEZES FL 33435

*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

PRESIDENT

03/18/2022

Electronic Signature of Signing Officer/Director Detail

Date