

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000012031

**Entity Name:** IHEALTHSPOT, INC.

**Current Principal Place of Business:**

6415 LAKE WORTH ROAD  
SUITE 312  
GREENACRES, FL 33463

**Current Mailing Address:**

6415 LAKE WORTH ROAD  
SUITE 312  
GREENACRES, FL 33463 US

**FEI Number:** 20-2311956

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 DIRECTOR, SECRETARY  
Name MCHALE, DAVID A  
Address 185 GREENWOOD ROAD  
City-State-Zip: NAPA CA 94558

Title DIRECTOR, TREASURER  
Name VANDERLAAN, MARCO ADRIAN  
Address 6415 LAKE WORTH ROAD  
SUITE 312  
City-State-Zip: GREENACRES FL 33463

Title DIRECTOR, PRESIDENT  
Name MACLELLAN, PAUL AARON  
Address 6415 LAKE WORTH ROAD  
SUITE 312  
City-State-Zip: GREENACRES FL 33463

Title DIRECTOR  
Name ANDERSON MD, RICHARD E  
Address 185 GREENWOOD ROAD  
City-State-Zip: NAPA CA 94558

Title DIRECTOR  
Name WHITE JR, ROBERT E  
Address 6415 LAKE WORTH ROAD  
SUITE 312  
City-State-Zip: GREENACRES FL 33463

*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:** DAVID A MCHALE

**SECRETARY**

**04/07/2022**

Electronic Signature of Signing Officer/Director Detail

Date