

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000088240

**Entity Name:** ENPOWER HEALTH, INC.

**Current Principal Place of Business:**

701 CORPORATE CENTER DR STE 250  
RALEIGH, NC 27607

**Current Mailing Address:**

701 CORPORATE CENTER DR STE 250  
RALEIGH, NC 27607 US

**FEI Number:** 87-3048837

**Certificate of Status Desired:** No

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

PARACORP INCORPORATED  
155 OFFICE PLAZA DR 1ST FLOOR  
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 AUTHORIZED REPRESENTATIVE  
Name BAUMGARTNER, SUSAN  
Address 701 CORPORATE CENTER DR STE  
250  
City-State-Zip: RALEIGH NC 27607

*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:** SUSAN L. BAUMGARTNER

**AUTHORIZED  
REPRESENTATIVE**

02/01/2023

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date