No. C 153800	Due no later than Mar 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. ZONA HEALTH, INC. MARK YOUNG 350 SE 2ND ST 1770 FT. LAUDERDALE FL 33301 USA		2. Registered	Registered Agent and Address (NO PO BOX) DAVE WOOD 3236 S KINGSBURY WAY EAGLE ID 83616 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE			3236 S KIN EAGLE ID				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR DAVE WOOD		12554 W. BRIDGER ST. #108	BOISE	ID	USA	83713	
DIRECTOR STINSON SLAWSON		12554 W. BRIDGER ST. #108	BOISE	ID	USA	83713	
DIRECTOR DALE WEST		12554 W. BRIDGER ST. #108	BOISE	ID	USA	83713	
DIRECTOR STEVE OUGH		12554 W. BRIDGER ST. #108	BOISE	ID	USA	83713	
SECRETARY JOHN GRIFFITHS		12554 W. BRIDGER ST. #108	BOISE	ID	USA	83713	
DIRECTOR EARL SULLIVAN		12554 W. BRIDGER ST. #108	BOISE	ID	USA	83713	
5. Organized Under the Laws of: 6. Annual Report must b		be signed.*					
ID Signature: Davi		ood Date: 01/26/2017					
C 153800 Name (type or p		: David Wood	Title: Director				
Processed 01/26/2017 * Electronically provided signatures are accepted as original signatures.							