

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000002322

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

**Current Principal Place of Business:**

160-2 REMINGTON BLVD.  
RONKONKOMA, NY 11779

**Current Mailing Address:**

160-2 REMINGTON BLVD.  
RONKONKOMA, NY 11779 US

**FEI Number:** 45-5339610

**Certificate of Status Desired:** No

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

GALTERIO, LOU  
5020 CLARK ROAD #248  
SARASOTA, FL 34233 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            CHRM  
Name            GALTERIO, LOU  
Address        2453 NIMBUS DRIVE  
City-State-Zip: NORTH PORT FL 34287

Title            PST  
Name            GALTERIO, LOU  
Address        2453 NIMBUS DRIVE  
City-State-Zip: NORTH PORT FL 34287

*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:** LOU GALTERIO

**PRESIDENT**

**03/30/2018**

Electronic Signature of Signing Officer/Director Detail

Date