


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90010 029 ****61.25

DOCUMENT # N97000004350

1. Entity Name
ALERT HEALTH, INC.



Principal Place of Business
**660 NE 125 STREET
 NORTH MIAMI, FL 33161 US**

Mailing Address
**7777 GLADES RD
 209
 BOCA RATON, FL 33434 US**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent
**MAHONEY, ROBERT F. CPA
 7777 GLADES RD
 BOCA RATON, FL 33434**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	THOMAS, ANDRA LEE 1541 SW 55 AVE PLANTATION, FL 33317	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD	MAHONEY, ROBERT F 3801 N FEDERAL HWY POMPANO BEACH, FL 33064	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD	QUINN, NORMAN 12290 NW 20T CT PLANTATION, FL 33323	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD	MATHERS, KATHLEEN 660 NE 125 STREET NORTH MIAMI, FL 33161	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	DIXON, GERMANY 600 NE 125 ST MIAMI, FL 33161	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empovered.

SIGNATURE: *[Signature]* **2/12/08** **305-893-7992**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #