

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 06, 2009
Secretary of State**

DOCUMENT# N97000004350

Entity Name: ALERT HEALTH, INC.

Current Principal Place of Business:

660 NE 125 STREET
NORTH MIAMI, FL 33161 US

New Principal Place of Business:

Current Mailing Address:

7777 GLADES RD
209
BOCA RATON, FL 33434 US

New Mailing Address:

FEI Number: 65-0770856 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAHONEY, ROBERT F. CPA
7777 GLADES RD
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMAS, ANDRA LEE
Address: 1541 SW 55 AVE
City-St-Zip: PLANTATION, FL 33317

Title: TD () Delete
Name: MAHONEY, ROBERT F
Address: 3801 N FEDERAL HWY
City-St-Zip: POMPANO BEACH, FL 33064

Title: VPD () Delete
Name: QUINN, NORMAN
Address: 12290 NW 20T CT
City-St-Zip: PLANTATION, FL 33323

Title: SD () Delete
Name: MATHERS, KATHLEEN
Address: 660 NE 125 STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: D () Delete
Name: DIXON, GERMANY
Address: 600 NE 125 ST
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRA LEE THOMAS

PRES

04/06/2009

Electronic Signature of Signing Officer or Director

Date