

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004350

FILED
Apr 20, 2010
Secretary of State

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 ()**

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
Name: THOMAS, ANDRA LEE
Address: 1541 SW 55 AVE
City-St-Zip: PLANTATION, FL 33317 US

Title: CTD
Name: MAHONEY, ROBERT F
Address: 3801 N FEDERAL HWY
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: VPD
Name: VALENTIN, ADIA, JR
Address: 660 NE 125 STREET
City-St-Zip: NORTH MIAMI, FL 33161 US

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

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

Title: D
Name: HEYER, JACK
Address: 660 NE 125 STREET
City-St-Zip: NORTH MIAMI, FL 33161 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDRA LEE THOMAS

P

04/20/2010

Electronic Signature of Signing Officer or Director

Date