## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000004350

Entity Name: ALERT HEALTH, INC.

Feb 21, 2011 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 

660 NE 125 STREET

NORTH MIAMI, FL 33161 US

**Current Mailing Address: New Mailing Address:** 

7777 GLADES RD

BOCA RATON, FL 33434 US

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

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

MAHONEY, ROBERT F. CPA ROBERT F. MAHONEY, PA 7777 GLADES RD 7777 GLADES RD

BOCA RATON, FL 33434 BOCA RATON, FL 33434 US 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: ROBERT F MAHONEY PA 02/21/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

THOMAS, ANDRA LEE Name: Address: 1541 SW 55 AVE

City-St-Zip: PLANTATION, FL 33317 US

Title:

Name: ROBERT F MAHONEY, CPA Address: 7777 GLADES RD. STE 209 City-St-Zip: BOCA RATON, FL 33434 US

Title: CD

ADIA, VALENTI JR. Name: Address: 660 NE 125 STREET City-St-Zip: NORTH MIAMI, FL 33161 US

Title: SD

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

Title:

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

Title: D VP

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

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 Ρ 02/21/2011