

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000004497

Entity Name: PHOENIX HEALTH ALLIANCE, INC.

Current Principal Place of Business:

4056 FOREST HILL BLVD
#1005
PALM SPRINGS, FL 33406

Current Mailing Address:

3040 FROST ROAD
PALM SPRINGS, FL 33406 US

FEI Number: 92-2917833

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ST CLAIR, HOMESCIA
4056 FOREST HILL BLVD
#1005
PALM SPRINGS, FL 33406 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 PD
Name ST. CLAIR, HOMECIA
Address 4056 FOREST HILL BLVD
#1005
City-State-Zip: PALM SPRINGS FL 33406

Title SD
Name BELL, SHAKEEL
Address 4056 FOREST HILL BLVD
#1005
City-State-Zip: PALM SPRINGS FL 33406

Title TD
Name MOORE, DENYSHA G
Address 4056 FOREST HILL BLVD
#1005
City-State-Zip: PALM SPRINGS FL 33406

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: HOMECIA C ST.CLAIR

CEO

04/26/2024

Electronic Signature of Signing Officer/Director Detail

Date