

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000029572

**Entity Name:** DIGITAL HEALTH IMPACT INC.

**Current Principal Place of Business:**

9200 NW 36TH PLACE  
A-6  
GAINESVILLE, FL 32606

**Current Mailing Address:**

PO BOX 357892  
GAINESVILLE, FL 32635 US

**FEI Number:** 45-1018237

**Certificate of Status Desired:** Yes

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

DEEGAN, TIMOTHY  
9200 NW 36 PLACE  
GAINESVILLE, FL 32606 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            D  
Name            DEEGAN, TIM  
Address        9200 NW 36TH PLACE  
City-State-Zip: GAINESVILLE FL 32606

Title            P, S  
Name            BERNHARDT, JAY MDR.  
Address        PO BOX 357892  
City-State-Zip: GAINESVILLE FL 32635

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

**SIGNATURE:** JAY BERNHARDT

**PRESIDENT**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date