

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000026648

**Entity Name:** PRECHECK HEALTH SERVICES, INC.

**Current Principal Place of Business:**

100 BISCAYNE BLVD., #1611  
MIAMI, FL 33132

**Current Mailing Address:**

848 BRICKELL AVE., PH 5  
MIAMI, FL 33131 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC.  
801 US HWY 1  
NORTH PALM BEACH, FL 33408 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:** JON-MICHAEL SANCHEZ, SPECIAL SECRETARY

04/16/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHIEF EXECUTIVE OFFICER /  
DIRECTOR  
Name SAMUELSON, DOUG  
Address 100 BISCAYNE BLVD., #1611  
City-State-Zip: MIAMI FL 33132

Title PRESIDENT  
Name GILLEN, FANK  
Address 100 BISCAYNE BLVD., #1611  
City-State-Zip: MIAMI FL 33132

Title CHIEF OPERATING OFFICER /  
DIRECTOR  
Name PITTILLONI, FRANCIS  
Address 100 BISCAYNE BLVD., #1611  
City-State-Zip: MIAMI FL 33132

Title CHIEF MARKETING OFFICER /  
DIRECTOR  
Name GOODELL, YOLANDA  
Address 100 BISCAYNE BLVD., #1611  
City-State-Zip: MIAMI FL 33132

Title DIRECTOR  
Name GILLEN, FRANK  
Address 100 BISCAYNE BLVD., #1611  
City-State-Zip: MIAMI FL 33132

*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:** FRANK GILLEN

DIRECTOR, BY JON-  
MICHAEL SANCHEZ,  
ATTORNEY-IN-FACT

04/16/2024

Electronic Signature of Signing Officer/Director Detail

Date