

**2023 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:** 47-3170676**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:** SEAN ARNO, SPECIAL SECRETARY

05/01/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title	COO, 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

*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:** FANK GILLEN**PRESIDENT, BY THERESA 05/01/2023  
FAGAN, ATTORNEY-IN-  
FACT**

Electronic Signature of Signing Officer/Director Detail

Date