

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004067

Entity Name: SHARED HEALTH SERVICES, INC.

Current Principal Place of Business:

112 E MYRTLE AVE
SUITE 409
JOHNSON CITY, TN 37601

Current Mailing Address:

112 E MYRTLE AVE
SUITE 409
JOHNSON CITY, TN 37601 US

FEI Number: 62-1586997

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURKETT, ROBIN
3290 WATERMAN WAY
TAVARES, FL 32778 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 PRESIDENT
Name DAVIS, DAVID
Address 112 E. MYRTLE AVE
 SUITE 409
City-State-Zip: JOHNSON CITY TN 37601

Title SECRETARY
Name DAVIS, JOYCE
Address 112 E. MYRTLE AVE
 SUITE 409
City-State-Zip: JOHNSON CITY TN 37601

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: DAVID DAVIS

PRESIDENT

01/18/2017

Electronic Signature of Signing Officer/Director Detail

Date