

2023 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:**REED, BEVERLY
62 PROVIDENCE DRIVE
ST AUGUSTINE, FL 32092 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:** BEVERLY REED

02/20/2023

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

Title	DIRECTOR
Name	DAVIS, MATTHEW
Address	739 NORTH ELM AVE
City-State-Zip:	ERWIN TN 37650

Title	DIRECTOR
Name	DAVIS, RACHEL
Address	402 CHAPMAN ST
City-State-Zip:	JOHNSON CITY TN 37604

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

02/20/2023

Electronic Signature of Signing Officer/Director Detail

Date