

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000003889

Entity Name: IMPACT HEALTH INSURANCE SERVICES INC.

Current Principal Place of Business:

147 E HOLLY ST APT 201
PASADENA, CA 91103

Current Mailing Address:

147 E HOLLY ST APT 201
PASADENA, CA 91103 US

FEI Number: 47-2212150

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT LLC
3030 N ROCKY POINT DRIVE STE 150A
TAMPA, FL 33607 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 P
Name CARRILLO, CHRISTINE
Address 147 E HOLLY ST APT 201
City-State-Zip: PASADENA CA 91103

Title S
Name LEE, HELEN
Address 147 E HOLLY ST APT 201
City-State-Zip: PASADENA CA 91103

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: HELEN LEE

SECRETARY

02/27/2017

Electronic Signature of Signing Officer/Director Detail

Date