

2017 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F16000003889

**FILED
Aug 21, 2017
Secretary of State
CC0185173291**

Entity Name: IMPACT HEALTH INSURANCE SERVICES INC.

Current Principal Place of Business:

700 S FLOWER STREET
SUITE 2600
LOS ANGELES, CA 90017

Current Mailing Address:

700 S FLOWER STREET
SUITE 2600
LOS ANGELES, CA 90017 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 700 S FLOWER STREET
 SUITE 2600
City-State-Zip: LOS ANGELES CA 90017

Title S
Name LEE, HELEN
Address 700 S FLOWER STREET
 SUITE 2600
City-State-Zip: LOS ANGELES CA 90017

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

08/21/2017

Electronic Signature of Signing Officer/Director Detail

Date