

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001842

FILED  
Apr 07, 2008  
Secretary of State

Entity Name: PROMESA HEALTH, INC.

## Current Principal Place of Business:

10805 OLD MILL ROAD  
OMAHA, NE 68154

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 3646  
OMAHA, NE 681030646

## New Mailing Address:

PO BOX 3646  
OMAHA, NE 681030646

FEI Number: 20-5009539

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FERENC, SIDNEY  
Address: 10805 OLD MILL ROAD  
City-St-Zip: OMAHA, NE 68154

Title: VD ( ) Delete  
Name: MENZIES, STEVEN  
Address: 10805 OLD MILL ROAD  
City-St-Zip: OMAHA, NE 68154

Title: S ( ) Delete  
Name: SILVER, JEFFEY  
Address: 10805 OLD MILL ROAD  
City-St-Zip: OMAHA, NE 68154

Title: V (X) Delete  
Name: STAFFORD, ROBERT  
Address: 10805 OLD MILL ROAD  
City-St-Zip: OMAHA, NE 68154

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MENZIES, STEVEN  
Address: 10805 OLD MILL ROAD  
City-St-Zip: OMAHA, NE 68154

Title: VD (X) Change ( ) Addition  
Name: FERENC, SIDNEY  
Address: 10805 OLD MILL ROAD  
City-St-Zip: OMAHA, NE 68154

Title: SD (X) Change ( ) Addition  
Name: SILVER, JEFFEY  
Address: 10805 OLD MILL ROAD  
City-St-Zip: OMAHA, NE 68154

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEVEN MENZIES

P

04/07/2008

Electronic Signature of Signing Officer or Director

Date