

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001842

Entity Name: PROMESA HEALTH, INC.

FILED
Apr 09, 2009
Secretary of State

Current Principal Place of Business:

10805 OLD MILL ROAD
OMAHA, NE 68154

New Principal Place of Business:

Current Mailing Address:

PO BOX 3646
OMAHA, NE 681030646

New Mailing Address:

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: MENZIES, STEVEN
Address: 10805 OLD MILL ROAD
City-St-Zip: OMAHA, NE 68154

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

_____ Electronic Signature of Signing Officer or Director

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04/09/2009

_____ Date