

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001842

Entity Name: PROMESA HEALTH, INC.

FILED  
Mar 21, 2011  
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

**OFFICERS AND DIRECTORS:**

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

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

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

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: STEVEN MENZIES

PTD

03/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date