2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL **REPORT**

DOCUMENT# N1000006763

Entity Name: HEALTH-ISAC, INC.

Current Principal Place of Business:

226 NORTH NOVA ROAD STE 391 ORMOND BEACH, FL 32174

Current Mailing Address:

HEALTH-ISAC INC. DBA H-ISAC 226 NORTH NOVA ROAD #391 ORMOND BEACH, FL 32174 US

FEI Number: 27-4700010

Name and Address of Current Registered Agent:

ANDERSON, DENISE HEALTH-ISAC INC. DBA H-ISAC 226 NORTH NOVA ROAD #391 ORMOND BEACH, FL 32174 US Certificate of Status Desired: Yes

The above named antity submits this statement for the number of changing its registered affice or registered agent, or both, in the State of Elevida

SIGNATURE	DENISE ANDERSON			09/21/2022
	Electronic Signature of Registered Agent			Date
Officer/Direc	tor Detail :			
Title	PRESIDENT	Title	COO	
Name	ANDERSON, DENISE	Name	JOSEPH, LINDA J	
Address	226 NORTH NOVA ROAD STE 391	Address	226 NORTH NOVA ROAD STE 391	
City-State-Zip:	ORMOND BEACH FL 32174	City-State-Zip:	ORMOND BEACH FL 32174	
Title	CSO	Title	DIRECTOR	
Name	WEISS, ERROL	Name	MAYERS, ADRIAN	
Address	226 NORTH NOVA ROAD STE 391	Address	226 NORTH NOVA ROAD STE 391	
City-State-Zip:	ORMOND BEACH FL 32174	City-State-Zip:	ORMOND BEACH FL 32174	
Title	DIRECTOR	Title	DIRECTOR	
Name	SANTIAGO, ANAHI	Name	CINCERA, BRIAN	
Address	226 NORTH NOVA ROAD STE 391	Address	226 NORTH NOVA ROAD STE 391	
City-State-Zip:	ORMOND BEACH FL 32174	City-State-Zip:	ORMOND BEACH FL 32174	
Title	DIRECTOR	Title	DIRECTOR	
Name	BARNES, GREG	Name	ALLISON, MARENE	
Address	226 NORTH NOVA ROAD STE 391	Address	226 NORTH NOVA ROAD STE 391	
City-State-Zip:	ORMOND BEACH FL 32174	City-State-Zip:	ORMOND BEACH FL 32174	

Continues on page 2

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

Electronic Signature of Signing Officer/Director Detail

FILED Sep 21, 2022 Secretary of State 0653622662CC

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	MCNEIL, MICHAEL	Name	TOWERS, MICHAEL
Address	226 NORTH NOVA ROAD STE 391	Address	226 NORTH NOVA ROAD STE 391
City-State-Zip:	ORMOND BEACH FL 32174	City-State-Zip:	ORMOND BEACH FL 32174
Title	DIRECTOR	Title	DIRECTOR
Name	SUVER, ROISIN	Name	NICHOLS, SCOTT
Address	226 NORTH NOVA ROAD STE 391	Address	226 NORTH NOVA ROAD STE 391
City-State-Zip:	ORMOND BEACH FL 32174	City-State-Zip:	ORMOND BEACH FL 32174
Title	DIRECTOR	Title	DIRECTOR
Name	BARNES, TJ	Name	RAHMANOVIC, TARIK
Address	226 NORTH NOVA ROAD STE 391	Address	226 NORTH NOVA ROAD STE 391
City-State-Zip:	ORMOND BEACH FL 32174	City-State-Zip:	ORMOND BEACH FL 32174
Title	DIRECTOR		
Name	RICE, TERRY		
Address	226 NORTH NOVA ROAD		

- 226 NORTH NOVA ROAD STE 391
- City-State-Zip: ORMOND BEACH FL 32174