2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1000006763

Entity Name: HEALTH-ISAC, INC.

FILED Feb 28, 2022 Secretary of State 1729992023CC

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 Certificate of Status Desired: Yes

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

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: DENISE ANDERSON 02/28/2022

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title COO

Name ANDERSON, DENISE Name JOSEPH, LINDA J

Address 226 NORTH NOVA ROAD Address 226 NORTH NOVA ROAD

STE 391 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 Address 226 NORTH NOVA ROAD

STE 391 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 Address 226 NORTH NOVA ROAD

STE 391 STE 391

City-State-Zip: ORMOND BEACH FL 32174 City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR Title DIRECTOR

Name BARNES, GREG Name RASMUSSEN, JOHN

Address 226 NORTH NOVA ROAD Address 226 NORTH NOVA ROAD

STE 391 STE 391

City-State-Zip: ORMOND BEACH FL 32174 City-State-Zip: ORMOND BEACH FL 32174

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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.

SIGNATURE: DENISE ANDERSON PRESIDENT 02/28/2022

Officer/Director Detail Continued:

DIRECTOR Title Title **DIRECTOR**

ALLISON, MARENE HARPER, MEREDITH ROXANNE Name Name

STE 391

ORMOND BEACH FL 32174

Address 226 NORTH NOVA ROAD Address 226 NORTH NOVA ROAD

STE 391

STE 391

ORMOND BEACH FL 32174

City-State-Zip: ORMOND BEACH FL 32174 City-State-Zip: ORMOND BEACH FL 32174

DIRECTOR DIRECTOR Title Title

Name MCNEIL, MICHAEL Name TOWERS, MICHAEL

Address 226 NORTH NOVA ROAD Address 226 NORTH NOVA ROAD

STE 391

City-State-Zip: City-State-Zip:

Title DIRECTOR Title **DIRECTOR**

SUVER, ROISIN NICHOLS, SCOTT Name Name

Address 226 NORTH NOVA ROAD Address 226 NORTH NOVA ROAD

STE 391 STE 391

ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR**

Name MORRIS, SCOTT Name BARNES, TJ

Address 226 NORTH NOVA ROAD Address 226 NORTH NOVA ROAD

STE 391 STE 391

City-State-Zip: ORMOND BEACH FL 32174 City-State-Zip: ORMOND BEACH FL 32174

Title Title DIRECTOR **DIRECTOR**

RAHMANOVIC, TARIK RICE, TERRY Name Name

226 NORTH NOVA ROAD Address 226 NORTH NOVA ROAD Address

STE 391 STE 391

ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 City-State-Zip: City-State-Zip: