2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006763

Entity Name: HEALTH-ISAC, INC.

Jan 16, 2024 Secretary of State 2079907443CC

FILED

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 01/16/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title COO

Name ANDERSON, DENISE Name JOSEPH, LINDA J

226 NORTH NOVA ROAD Address 226 NORTH NOVA ROAD Address

> 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 SANTIAGO, ANAHI

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

CINCERA, BRIAN BARNES, GREG Name Name

226 NORTH NOVA ROAD Address Address 226 NORTH NOVA ROAD

STE 391 STE 391

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

DIRECTOR Title **DIRECTOR** Title

Name WIT. DIRK DE Name MCNEIL, MICHAEL

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:

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.

01/16/2024 SIGNATURE: DENISE ANDERSON PRESIDENT/CEO

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name SUVER, ROISIN Name NICHOLS, SCOTT

Address 226 NORTH NOVA ROAD Address 226 NORTH NOVA ROAD

STE 391

City-State-Zip:

ORMOND BEACH FL 32174

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

STE 391

City-State-Zip:

ORMOND BEACH FL 32174

Title DIRECTOR Title DIRECTOR

Name BEAN, TJ Name RAHMANOVIC, TARIK

Address 226 NORTH NOVA ROAD Address 226 NORTH NOVA ROAD

STE 391 STE 391

Title DIRECTOR Title DIRECTOR

Name RICE, TERRY Name CARVELLAS, BRAD

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 TRIPATHI, RISH Name FERNANDO, SAHAN

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 STOCKHAUSEN, HANS-MARTIN VON Name BRAINERD, NANCY

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