

2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N10000006763

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

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

05/20/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ANDERSON, DENISE
Address 226 NORTH NOVA ROAD
 STE 391
City-State-Zip: ORMOND BEACH FL 32174

Title COO
Name JOSEPH, LINDA J
Address 226 NORTH NOVA ROAD
 STE 391
City-State-Zip: ORMOND BEACH FL 32174

Title CSO
Name WEISS, ERROL
Address 226 NORTH NOVA ROAD
 STE 391
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name MAYERS, ADRIAN
Address 226 NORTH NOVA ROAD
 STE 391
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name SANTIAGO, ANAHI
Address 226 NORTH NOVA ROAD
 STE 391
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name CINCERA, BRIAN
Address 226 NORTH NOVA ROAD
 STE 391
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name BARNES, GREG
Address 226 NORTH NOVA ROAD
 STE 391
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name RASMUSSEN, JOHN
Address 226 NORTH NOVA ROAD
 STE 391
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

05/20/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ALLISON, MARENE
Address 226 NORTH NOVA ROAD
STE 391
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name MCNEIL, MICHAEL
Address 226 NORTH NOVA ROAD
STE 391
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name SUVER, ROISIN
Address 226 NORTH NOVA ROAD
STE 391
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name BARNES, TJ
Address 226 NORTH NOVA ROAD
STE 391
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name RICE, TERRY
Address 226 NORTH NOVA ROAD
STE 391
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name HARPER, MEREDITH ROXANNE
Address 226 NORTH NOVA ROAD
STE 391
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name TOWERS, MICHAEL
Address 226 NORTH NOVA ROAD
STE 391
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name NICHOLS, SCOTT
Address 226 NORTH NOVA ROAD
STE 391
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name RAHMANOVIC, TARIK
Address 226 NORTH NOVA ROAD
STE 391
City-State-Zip: ORMOND BEACH FL 32174