# 2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N10000006763

Entity Name: HEALTH-ISAC, INC.

FILED
May 08, 2024
Secretary of State
4231558891CC

## **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 05/08/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

City-State-Zip:

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

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

Name CINCERA, BRIAN Name BARNES, GREG

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 WIT. DIRK DE Name SUVER. ROISIN

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

# 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.

SIGNATURE: DENISE ANDERSON PRESIDENT/CEO 05/08/2024

## Officer/Director Detail Continued:

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

Title DIRECTOR

Name CARVELLAS, BRAD

Address 226 NORTH NOVA ROAD

STE 391

City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR

Name FERNANDO, SAHAN

Address 226 NORTH NOVA ROAD

STE 391

City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR

Name BRAINERD, NANCY

Address 226 NORTH NOVA ROAD

STE 391

City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name BEAN, 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 TRIPATHI, RISH

Address 226 NORTH NOVA ROAD

STE 391

City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR

Name STOCKHAUSEN, HANS-MARTIN VON

Address 226 NORTH NOVA ROAD

STE 391

City-State-Zip: ORMOND BEACH FL 32174