

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N10000006763

Entity Name: NH-ISAC, INC.

**Current Principal Place of Business:**

401 BOATING CLUB ROAD  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

AMF CENTER FOR SPACE EDUCATION  
NASA KENNEDY SPACE CENTER  
KENNEDY SPACE CENTER, FL , FL 32953 US

FEI Number: 27-4700010

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

KOBZA, DEBORAH  
401 BOATING CLUB ROAD  
ST. AUGUSTINE, FL 32084 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR/CEO  
Name KOBZA, DEBORAH  
Address NH-ISAC  
City-State-Zip: KENNEDY SPACE CENTER FL

Title D  
Name FINNEY, SHARON  
Address ADVENTIST HEALTH SYSTEM  
NH-ISAC  
City-State-Zip: KENNEDY SPACE CENTER FL

Title D  
Name ROUTH, JAMES  
Address AETNA, INC.  
NH-ISAC  
City-State-Zip: KENNEDY SPACE CENTER FL

Title D  
Name WAGNER, MICHAEL  
Address JOHNSON AND JOHNSON  
NH-ISAC  
City-State-Zip: KENNEDY SPACE CENTER FL

Title D  
Name KIRK, CHARLES  
Address MCKESSON CORPORATION  
NH-ISAC  
City-State-Zip: KENNEDY SPACE CENTER FL

Title D  
Name CHERNEVSKY, NIKOLAY  
Address AMGEN  
NH-ISAC  
City-State-Zip: KENNEDY SPACE CENTER FL

Title D  
Name STEPHAN , REID  
Address ST. LUKE'S HEALTH SYSTEM  
NH-ISAC  
City-State-Zip: KENNEDY SPACE CENTER FL

Title D  
Name DOGGETT, JAMES  
Address KAISER PERMANENTE  
NH-ISAC  
City-State-Zip: KENNEDY SPACE CENTER FL

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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: DEBORAH KOBZA

EXECUTIVE DIRECTOR

10/26/2014

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title D  
Name RICE, TERENCE  
Address MERCK & CO.  
NH-ISAC  
City-State-Zip: KENNEDY SPACE CENTER FL

Title D  
Name KADAKIA, JIGAR  
Address PARTNERS HEALTHCARE  
NH-ISAC  
City-State-Zip: KENNEDY SPACE CENTER FL

Title D  
Name PIERCE, FRANK  
Address CVS CAREMARK  
NH-ISAC  
City-State-Zip: KENNEDY SPACE CENTER FL

Title OFFICER  
Name SINGLETARY, JOSHUA D CIO  
Address 401 BOATING CLUB ROAD  
City-State-Zip: ST. AUGUSTINE FL 32084