

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000003186

Entity Name: POSITIVE HEALTH ALLIANCE, INC.**Current Principal Place of Business:**730 WEST HALLANDALE BEACH BLVD. STE #109
HALLANDALE, FL 33009**Current Mailing Address:**730 WEST HALLANDALE BEACH BLVD. STE #109
HALLANDALE, FL 33009 US**FEI Number:** 83-3751844**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MONTENEGRO, BINALDO III
730 WEST HALLANDALE BEACH BLVD. STE #109
HALLANDALE, FL 33009 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:** BINALDO MONTENEGRO

04/01/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D/P
Name	MANN, CORA
Address	730 WEST HALLANDALE BEACH BLVD. STE #109
City-State-Zip:	HALLANDALE FL 33009

Title	D/T
Name	SHAPOSHNIKOV, DIMITRY
Address	730 WEST HALLANDALE BEACH BLVD. STE #109
City-State-Zip:	HALLANDALE FL 33009

Title	D/S
Name	DARDEN, SHONTA RENE
Address	730 WEST HALLANDALE BEACH BLVD. STE #109
City-State-Zip:	HALLANDALE FL 33009

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: CORA MANN

PRESIDENT

04/01/2020

Electronic Signature of Signing Officer/Director Detail

Date