

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001842

Entity Name: PROMESA HEALTH, INC.

Current Principal Place of Business:

10805 OLD MILL ROAD
OMAHA, NE 68154

Current Mailing Address:

PO BOX 3646
OMAHA, NE 68103-0646

FEI Number: 20-5009539

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 PTD
Name MENZIES, STEVEN
Address 10805 OLD MILL ROAD
City-State-Zip: OMAHA NE 68154

Title VD
Name FERENC, SIDNEY
Address 10805 OLD MILL ROAD
City-State-Zip: OMAHA NE 68154

Title SD
Name SILVER, JEFFEY
Address 10805 OLD MILL ROAD
City-State-Zip: OMAHA NE 68154

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN MENZIES

P/T/D

02/22/2017

Electronic Signature of Signing Officer/Director Detail

Date