

**2015 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

**PRESIDENT**

**03/19/2015**

Electronic Signature of Signing Officer/Director Detail

Date