

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000028861

**Entity Name:** HEALTH TECH SOLUTIONS, INC.

**Current Principal Place of Business:**

4970 S. STETSON PT DRIVE  
HOMOSASSA, FL 34448

**Current Mailing Address:**

POST OFFICE BOX 27  
HOMOSASSA SPRINGS, FL 34447 US

**FEI Number:** 59-3639549

**Certificate of Status Desired:** No

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

ZOELLNER, TIM  
4970 S. STETSON PT. DRIVE  
HOMOSASSA , FL 34448 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 PD  
Name ZOELLNER, TIM  
Address POST OFFICE BOX 27  
City-State-Zip: HOMOSASSA SPRINGS FL 34447

*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: TIM ZOELLNER**

**PRESIDENT**

**04/09/2021**

Electronic Signature of Signing Officer/Director Detail

Date