

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000052173

**Entity Name:** HEALTHCARE NAVIGATION SYSTEMS INC

**Current Principal Place of Business:**

10563 GALLERIA ST  
WELLINGTON, FL 33414

**Current Mailing Address:**

10563 GALLERIA ST  
WELLINGTON, FL 33414 N

**FEI Number: 81-4843974**

**Certificate of Status Desired: No**

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

SCOTT, JUDITH  
10563 GALLERIA ST  
WELLINGTON, FL 33414 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 P  
Name SCOTT, JUDITH  
Address 10563 GALLERIA ST  
City-State-Zip: WELLINGTON FL 33414

*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: JUDITH SCOTT**

**PRESIDENT**

**04/30/2019**

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

\_\_\_\_\_  
Date