

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000047796

Entity Name: HEALTH BUSINESS SYSTEMS, INC.**Current Principal Place of Business:**1600 MCCONNOR PARKWAY
SCHAUMBURG, IL 60173**Current Mailing Address:**1600 MCCONNOR PARKWAY
SCHAUMBURG, IL 60173 US**FEI Number:** 23-2171049**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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 PRESIDENT/DIRECTOR
Name GROSCKLAGS, JEFFREY DAVID
Address 11020 OPTUM CIRCLE
 MN102-0800
City-State-Zip: EDEN PRAIRIE MN 55344

Title TREASURER
Name OBERRENDER, ROBERT WORTH
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

Title SECRETARY
Name PETERSON, KAREN ELIZABETH
Address 1600 MCCONNOR PARKWAY
City-State-Zip: SCHAUMBURG IL 60173

Title ASSISTANT SECRETARY
Name LANG JACOBSEN, HEATHER
 ANASTASIA
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

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: HEATHER ANASTASIA LANG JACOBSEN**ASSISTANT SECRETARY 02/05/2018**

Electronic Signature of Signing Officer/Director Detail

Date