

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000000661

**Entity Name:** HEALTHCARE & DIAGNOSTIC SOLUTIONS, INC.

**Current Principal Place of Business:**

29922 COUNTY RD 49  
LOXLEY, AL 36551

**Current Mailing Address:**

29922 COUNTY RD 49  
LOXLEY, AL 36551

**FEI Number:** 11-3733285

**Certificate of Status Desired:** No

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

UNISEARCH, INC.  
155 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301 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 MCDONALD, MATT  
Address 29922 COUNTY RD 49  
City-State-Zip: LOXLEY AL 36551

Title CFO  
Name BUSBY, ERIC  
Address 29922 COUNTY ROAD 49  
City-State-Zip: LOXLEY AL 36551

*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:** MATTHEW MCDONALD

**PRESIDENT**

**01/11/2021**

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

\_\_\_\_\_  
Date