

2015 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: Yes

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
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 PD
Name MCDONALD, MATT
Address 29922 COUNTY RD 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: MATT MCDONALD

PRESIDENT

03/03/2015

Electronic Signature of Signing Officer/Director Detail

Date