# 2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F1300000661

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

# 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

### **Officer/Director Detail :**

Title	PD
Name	MCDONALD, MATT
Address	29922 COUNTY RD 49
City-State-Zip:	LOXLEY AL 36551

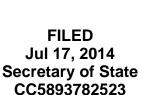
I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this 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

07/17/2014 Date

Electronic Signature of Signing Officer/Director Detail



Certificate of Status Desired: Yes

Date