

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000002177

**Entity Name:** HEALTHTECH RESOURCES, INC.

**Current Principal Place of Business:**

3620 E. CAMPBELL AVE. STE C  
PHOENIX, AZ 85018

**Current Mailing Address:**

3620 E. CAMPBELL AVE. STE C  
PHOENIX, AZ 85018 US

**FEI Number:** 46-1416704

**Certificate of Status Desired:** No

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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 DIRECTOR  
Name HODGE, LARRY  
Address 3620 E. CAMPBELL AVENUE, SUITE C  
City-State-Zip: PHOENIX AZ 85018

Title PRESIDENT  
Name HODGE, LARRY  
Address 3620 E. CAMPBELL AVENUE, SUITE C  
City-State-Zip: PHOENIX AZ 85018

Title SECRETARY  
Name HODGE, LARRY  
Address 3620 E. CAMPBELL AVENUE, SUITE C  
City-State-Zip: PHOENIX AZ 85018

Title TREASURER  
Name HODGE, LARRY  
Address 3620 E. CAMPBELL AVENUE, SUITE C  
City-State-Zip: PHOENIX AZ 85018

*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:** LARRY HODGE

**PRESIDENT**

**05/01/2019**

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

\_\_\_\_\_  
Date