

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000003776

Entity Name: THE HCISOLUTION, INC**Current Principal Place of Business:**1331 SAXON DR.
NEW SMYRNA BEACH, FL 32169**Current Mailing Address:**1331 SAXON DR.
NEW SMYRNA BEACH, FL 32169 US**FEI Number:** 46-1439525**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOFFMAN, KENNETH
1331 SAXON DR.
NEW SMYRNA BEACH, FL 32169 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	CHAIRMAN/PRESIDENT/TREASURER
Name	HOFFMAN, KENNETH R
Address	1331 SAXON DR.
City-State-Zip:	NEW SMYRNA BEACH FL 32169

Title	VICE CHAIRMAN
Name	STEWART, STACY
Address	1231 INDIAN DR.
City-State-Zip:	ELGIN IL 60120

Title	DIR
Name	NELSON, SHAWN
Address	5552 RYE GRASS DR.
City-State-Zip:	ROCKFORD IL 61102

Title	DIR
Name	OLSON, BRIAN
Address	128 N AIRLITE ST.
City-State-Zip:	ELGIN IL 60123

Title	VP/SECRETARY
Name	HOFFMAN, JONI
Address	1331 SAXON DR.
City-State-Zip:	NEW SMYRNA BEACH FL 32169

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: KENNETH R HOFFMAN**CHAIRMAN/PRESIDENT/T** 01/18/2019
REASURER_____
Electronic Signature of Signing Officer/Director Detail_____
Date