

2023 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:**2135 E. INDEPENDENCE AVE.
#1074
SPRINGFIELD, MO 65804 US**FEI Number:** 46-1439525**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOFFMAN, KENNETH R II
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:** KENNETH R HOFFMAN II

03/24/2023

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 3268 HUNTINGTON LN
City-State-Zip: MONTGOMERY IL 60538

Title DIR
Name NELSON, SHAWN
Address 8244 TOWERMONT
City-State-Zip: ROCKFORD IL 61102

Title DIR
Name OLSON, BRIAN
Address 10729 CHINA BERRY LN
City-State-Zip: MACHESNEY PARK IL 61115

Title BUSINESS MANAGER
Name MORSE, SUSAN
Address 420 THISTLEDOWN WAY
City-State-Zip: THE VILLAGES FL 32162

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: SUSAN MORSE**BUSINESS MANAGER**

03/24/2023

Electronic Signature of Signing Officer/Director Detail

Date