

**2024 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

02/05/2024

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**

02/05/2024

Electronic Signature of Signing Officer/Director Detail

Date