

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000004160

**Entity Name:** SIGNET HEALTH CORPORATION**Current Principal Place of Business:**235 W. HICKORY ST. SUITE 201  
DENTON, TX 76201**Current Mailing Address:**235 W. HICKORY ST. SUITE 201  
DENTON, TX 76201**FEI Number:** 75-2854082**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
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\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	CEO
Name	BROWDER, JERRY G
Address	235 W. HICKORY ST. SUITE 201
City-State-Zip:	DENTON TX 76201

Title	S
Name	BROWDER, MARCIA
Address	235 W. HICKORY ST. SUITE 201
City-State-Zip:	DENTON TX 76201

Title	PRESIDENT
Name	FIGARSKY, JOY
Address	235 W. HICKORY ST. SUITE 201
City-State-Zip:	DENTON TX 76201

Title	VP
Name	BROWDER, BLAKE
Address	235 W. HICKORY ST. SUITE 201
City-State-Zip:	DENTON TX 76201

*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:** JERRY BROWDER

CEO

06/22/2020

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