

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005877

Entity Name: HEALTHMINE SERVICES, INC.**Current Principal Place of Business:**2911 TURTLE CREEK BOULEVARD
SUITE 1010
DALLAS, TX 75219**Current Mailing Address:**2911 TURTLE CREEK BOULEVARD
SUITE 1010
DALLAS, TX 75219 US**FEI Number:** 22-3120199**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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 SECRETARY, TREASURER, VP
Name HAMILTON, PAUL
Address 2911 TURTLE CREEK BOULEVARD
SUITE 1010
City-State-Zip: DALLAS TX 75219

Title DIRECTOR
Name KRUPA, STEPHEN
Address 2911 TURTLE CREEK BOULEVARD
SUITE 1010
City-State-Zip: DALLAS TX 75219

Title DIRECTOR
Name ETHERIDGE, MATTHEW
Address 2911 TURTLE CREEK BOULEVARD
SUITE 1010
City-State-Zip: DALLAS TX 75219

Title PRESIDENT, DIRECTOR
Name WILLIAMS, BRYCE
Address 2911 TURTLE CREEK BOULEVARD
SUITE 1010
City-State-Zip: DALLAS TX 75219

Title DIRECTOR
Name PLATERINK, GERARD VAN HAMEL
Address 2911 TURTLE CREEK BOULEVARD
SUITE 1010
City-State-Zip: DALLAS TX 75219

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: PAUL HAMILTON**SECRETARY****04/21/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date