

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000005877

**Entity Name:** HEALTHMINE SERVICES, INC.

**Current Principal Place of Business:**

12 CHRISTOPHER WAY,  
SUITE 104  
EATONTOWN, NJ 07724

**FILED**  
**Feb 10, 2016**  
**Secretary of State**  
**CC1431350429**

**Current Mailing Address:**

12 CHRISTOPHER WAY,  
SUITE 104  
EATONTOWN, NJ 07724 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  
Name SMITH, THOMAS  
Address 12 CHRISTOPHER WAY, SUITE 104  
City-State-Zip: EATONTOWN NJ 07724

Title DIRECTOR  
Name KRUPA, STEPHEN  
Address 12 CHRISTOPHER WAY, SUITE 104  
City-State-Zip: EATONTOWN NJ 07724

Title DIRECTOR  
Name WAXMAN, ALBERT  
Address 12 CHRISTOPHER WAY, SUITE 104  
City-State-Zip: EATONTOWN NJ 07724

Title DIRECTOR  
Name ETHERIDGE, MATTHEW  
Address 12 CHRISTOPHER WAY  
SUITE 104  
City-State-Zip: EATONTOWN NJ 07724

Title PRESIDENT, DIRECTOR  
Name WILLIAMS, BRYCE  
Address 12 CHRISTOPHER WAY,  
SUITE 104  
City-State-Zip: EATONTOWN NJ 07724

Title DIRECTOR  
Name SINGER, DAVID  
Address 12 CHRISTOPHER WAY,  
SUITE 104  
City-State-Zip: EATONTOWN NJ 07724

Title DIRECTOR  
Name STOCKER, MICHAEL  
Address 12 CHRISTOPHER WAY,  
SUITE 104  
City-State-Zip: EATONTOWN NJ 07724

Title DIRECTOR  
Name VAN HAMEL PLATERINK, GERARD  
Address 12 CHRISTOPHER WAY,  
SUITE 104  
City-State-Zip: EATONTOWN NJ 07724

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*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: THOMAS SMITH**

**SECRETARY**

**02/10/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           MATTHEW, KINSELLA  
Address        12 CHRISTOPHER WAY,  
                SUITE 104  
City-State-Zip: EATONTOWN NJ 07724