

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000001244

**Entity Name:** HEALTH MART SYSTEMS, INC.**Current Principal Place of Business:**6535 STATE HIGHWAY 161  
IRVING, TX 75039**Current Mailing Address:**6535 STATE HIGHWAY 161  
IRVING, TX 75039 US**FEI Number:** 94-3261009**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYES 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
Name	BRAU, SARALISA
Address	6535 STATE HIGHWAY 161
City-State-Zip:	IRVING TX 75039

Title	DIRECTOR
Name	KAMINSKY, KIRK
Address	6535 STATE HIGHWAY 161
City-State-Zip:	IRVING TX 75039

Title	PRESIDENT
Name	JHAVERI, NIMESH
Address	6535 STATE HIGHWAY 161
City-State-Zip:	IRVING TX 75039

Title	TREASURER
Name	LANDAUER, HOLGER ROLF
Address	6535 STATE HIGHWAY 161
City-State-Zip:	IRVING TX 75039

Title	ASST. SECRETARY
Name	PATE, JULIET
Address	6535 STATE HIGHWAY 161
City-State-Zip:	IRVING TX 75039

*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:** JULIET PATE**ASST SECRETARY****04/16/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date