

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000001244

**Entity Name:** HEALTH MART SYSTEMS, INC.

**Current Principal Place of Business:**

ONE POST ST  
SAN FRANCISCO, CA 94104

**Current Mailing Address:**

ONE POST ST  
SAN FRANCISCO, CA 94104

**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	VP, SECRETARY	Title	TREASURER, DIRECTOR
Name	BOGAN, WILLIE C	Name	VITALONE, BRITT J
Address	ONE POST ST.	Address	8741 LANDMARK ROAD
City-State-Zip:	SAN FRANCISCO CA 94104	City-State-Zip:	RICHMOND VA 23228

Title	PRESIDENT
Name	COURTMAN, STEVE
Address	ONE POST ST
City-State-Zip:	SAN FRANCISCO CA 94104

*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:** WILLIE C BOGAN

**SECRETARY**

**04/20/2015**

Electronic Signature of Signing Officer/Director Detail

Date