

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001244

Entity Name: HEALTH MART SYSTEMS, INC.**Current Principal Place of Business:**6535 N. STATE HIGHWAY 161
IRVING, TX 75039**Current Mailing Address:**6535 N. 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, DIRECTOR

Name LAU, MICHELE

Address ONE POST ST.

City-State-Zip: SAN FRANCISCO CA 94104

Title TREASURER, DIRECTOR

Name BALDANZI, TODD E

Address 6555 NORTH STATE HIGHWAY 161

City-State-Zip: IRVING TX 75039

Title PRESIDENT

Name DIMOS, CHRISTOPHER T

Address 6555 NORTH STATE HIGHWAY 161

City-State-Zip: IRVING TX 75039

Title ASST. SECRETARY

Name LANGFORD, CAROL T

Address 2 NATIONAL DATA PLAZA NE

City-State-Zip: ATLANTA GA 30329

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: CAROL T. LANGFORD

ASST. SECRETARY

04/08/2019

Electronic Signature of Signing Officer/Director Detail_____
Date