

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000107440

**Entity Name:** FUSION HEALTHCARE, INC.

**Current Principal Place of Business:**

3830 BEE RIDGE ROAD  
SUITE 100  
SARASOTA, FL 34233

**Current Mailing Address:**

P.O. BOX 25487  
SARASOTA, FL 34277

**FEI Number:** 22-3874933

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BEDI, INITA K  
3830 BEE RIDGE ROAD  
SUITE 100  
SARASOTA, FL 34233 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 D  
Name BEDI, INITA K  
Address 3830 BEE RIDGE ROAD SUITE 100  
City-State-Zip: SARASOTA FL 34233

Title D  
Name BEDI, NEIL S  
Address 3830 BEE RIDGE ROAD SUITE 100  
City-State-Zip: SARASOTA FL 34233

*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:** INITA BEDI

**MANAGING MEMBER**

**04/18/2018**

Electronic Signature of Signing Officer/Director Detail

Date