

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000150158

Entity Name: HEALTHDATIX, INC.**Current Principal Place of Business:**501 1ST AVENUE NORTH,
SUITE 901
ST. PETERSBURG, FL 33701**Current Mailing Address:**501 1ST AVENUE NORTH
SUITE 901
ST. PETERSBURG, FL 33701 US**FEI Number:** 73-1722493**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBINSON, JERRY
501 1ST AVENUE NORTH
SUITE 901
ST. PETERSBURG, FL 33701 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	CEO
Name	ROBINSON, JERRY
Address	501 1ST AVENUE NORTH SUITE 901
City-State-Zip:	ST. PETERSBURG FL 33701

Title	VP
Name	SHEPHERD, KATHLEEN
Address	501 1ST AVENUE NORTH SUITE 901
City-State-Zip:	ST. PETERSBURG FL 33701

Title	VD
Name	ROBINSON, MARY-JO
Address	501 1ST AVENUE NORTH SUITE 901
City-State-Zip:	ST. PETERSBURG FL 33701

Title	SECRETARY, CFO, DIRECTOR
Name	LUQMAN, ELISA
Address	501 1ST AVENUE NORTH, SUITE 901
City-State-Zip:	ST. PETERSBURG FL 33701

Title	CHAIRMAN, DIRECTOR
Name	JOHN , SALERNO
Address	501 1ST AVENUE NORTH, SUITE 901
City-State-Zip:	ST. PETERSBURG FL 33701

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: ELISA LUQMAN**CFO****07/03/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date