

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 853021

**FILED  
Apr 23, 2021  
Secretary of State  
2295037627CC**

**Entity Name:** HEALTHCARE NETWORK HOSPITALS, INC.

**Current Principal Place of Business:**

14201 DALLAS PKWY  
DALLAS, TX 75254

**Current Mailing Address:**

14201 DALLAS PKWY  
DALLAS, TX 75254 US

**FEI Number: 95-3720659**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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	P	Title	S
Name	SMITH, SHARILEE	Name	MACK, KRISTINA A
Address	14201 DALLAS PKWY	Address	14201 DALLAS PKWY
City-State-Zip:	DALLAS TX 75254	City-State-Zip:	DALLAS TX 75254

Title           TREASURER, DIRECTOR  
Name           MORRIS, OWEN  
Address        14201 DALLAS PKWY  
City-State-Zip: DALLAS TX 75254

*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: KRISTINA A. MACK**

**SECRETARY**

**04/23/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date