2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000000661

Entity Name: HEALTHCARE & DIAGNOSTIC SOLUTIONS, INC.

Current Principal Place of Business:

29922 COUNTY RD 49 LOXLEY, AL 36551

Current Mailing Address:

29922 COUNTY RD 49 LOXLEY, AL 36551

FEI Number: 11-3733285 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC 1200 SOUTH 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

FILED Mar 23, 2016

Secretary of State

CC0226860603

Officer/Director Detail:

Title

Name MCDONALD, MATT Address 29922 COUNTY RD 49 City-State-Zip: LOXLEY AL 36551

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: MATT MCDONALD

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

03/23/2016

Date