2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2022
Secretary of State
4313483674CC

DOCUMENT# F14000004788

Entity Name: HEALTHCARE, INC.

Current Principal Place of Business:

3401 NORTH MIAMI AVENUE STE 205
MIAMI, FL 33127

Current Mailing Address:

3401 NORTH MIAMI AVENUE STE 205
MIAMI, FL 33127 US

FEI Number: 45-2731251

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

VARGAS, JOSE
3401 NORTH MIAMI AVENUE STE 205
MIAMI, FL 33127 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	Title	CFO
Name	LOONAM, DON	Name	LEWIS, BRYAN
Address	3401 NORTH MIAMI AVENUE STE 205	Address	3401 NORTH MIAMI AVENUE STE 205
City-State-Zip:	MIAMI FL 33127	City-State-Zip:	MIAMI FL 33127
Title	COO	Title	PRESIDENT
Name	YEH, HOWARD	Name	VARGAS, JOSE
Address	3401 NORTH MIAMI AVENUE STE 205	Address	3401 NORTH MIAMI AVENUE STE 205
City-State-Zip:	MIAMI FL 33127	City-State-Zip:	MIAMI FL 33127
Title	DIRECTOR	Title	DIRECTOR
Name	LOONAM, DON	Name	BOYD, JEFFREY
Address	3401 NORTH MIAMI AVENUE STE 205	Address	3401 NORTH MIAMI AVENUE STE 205
City-State-Zip:	MIAMI FL 33127	City-State-Zip:	MIAMI FL 33127
Title	DIRECTOR	Title	DIRECTOR
Name	SANGER, JAMES	Name	VARGAS, JOSE
Address	3401 NORTH MIAMI AVENUE STE 205	Address	3401 NORTH MIAMI AVENUE STE 205
City-State-Zip:	MIAMI FL 33127	City-State-Zip:	MIAMI FL 33127

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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: JOSE VARGAS PRESIDENT & DIRECTOR 01/19/2022

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BLUNDIN, DAVID
Address	3401 NORTH MIAMI AVENUE STE 205
City-State-Zip:	MIAMI FL 33127

Title	DIRECTOR
Name	VENTRESCA, LINDA
Address	3401 NORTH MIAMI AVENUE STE 205
City-State-Zip:	MIAMI FL 33127

Title	DIRECTOR
Name	SOLOMON, DAVID
Address	3401 NORTH MIAMI AVENUE STE 205
City-State-Zip:	MIAMI FL 33127

Title	DIRECTOR
Name	LAIBOW, BRIAN
Address	3401 NORTH MIAMI AVENUE STE 205
City-State-Zip:	MIAMI FL 33127