

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000004564

**Entity Name:** ACI HEALTHCARE USA, INC

**Current Principal Place of Business:**

10100 W. SAMPLE ROAD, SUITE 406  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

10100 W. SAMPLE ROAD, SUITE 406  
CORAL SPRINGS, FL 33065 US

**FEI Number:** 35-2544879

**Certificate of Status Desired:** Yes

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

RAHMAN, SHAFI  
10100 W. SAMPLE ROAD, SUITE 406  
CORAL SPRINGS, FL 33065 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 PS  
Name ZAMAN, M MOHIBUZ  
Address ACI CENTRE, 245 TEJON INDUSTRIAL  
AREA  
City-State-Zip: DHAKA-1208

Title COO  
Name RAHMAN, SHAFIQR  
Address 10100 W. SAMPLE ROAD SUITE  
406  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** SHAFIQR RAHMAN

**CHIEF-OPERATING-  
OFFICER**

**01/09/2017**

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

Date