

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000001010

Entity Name: HERITAGE HEALTH SOLUTIONS, INC.**Current Principal Place of Business:**750 CANYON DRIVE
SUITE 120
COPPELL, TX 75019**Current Mailing Address:**750 CANYON DRIVE
SUITE 120
COPPELL, TX 75019 US**FEI Number:** 27-1516386**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST.
STE:200
TALLAHASSEE, FL 32301 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	SECRETARY, VP, DIRECTOR
Name	BENEFIELD, JOHN
Address	1900 N. PEARL STREET #1740
City-State-Zip:	DALLAS TX 75201

Title	TREASURER, VP
Name	RISER, DAN
Address	750 CANYON DRIVE SUITE 120
City-State-Zip:	COPPELL TX 75019

Title	DIRECTOR
Name	PRENTISS, MICHAEL
Address	1900 N. PEARL STREET #1740
City-State-Zip:	DALLAS TX 75201

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: DAN RISER**TREASURER****03/06/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date