

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000004926

Entity Name: HEALTHCAR DIRECT, INC.**Current Principal Place of Business:**1331 LAMAR ST STE 1075
HOUSTON, TX 77010**Current Mailing Address:**P.O. BOX 961
O'FALLON, IL 62269**FEI Number: 88-3441708****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
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	PS
Name	SMITH, PHILLIP R
Address	1331 LAMAR ST STE 1075
City-State-Zip:	HOUSTON TX 77010

Title	DV
Name	BRYAN, JOHN BRACKEN
Address	1331 LAMAR ST STE 1075
City-State-Zip:	HOUSTON TX 77010

Title	D
Name	BRYAN, JAMES PERRY
Address	1331 LAMAR ST STE 1075
City-State-Zip:	HOUSTON TX 77010

Title	D
Name	BRYAN, JOHN SHELBY
Address	1331 LAMAR ST STE 1075
City-State-Zip:	HOUSTON TX 77010

Title	DV
Name	KREKE, ALLEN D
Address	505 CORPORATE CENTER DRIVE SECTION LINE ROAD
City-State-Zip:	BELLEVILLE IL 62221

Title	T
Name	ROBKE, BRIANNE
Address	505 CORPORATE CENTER DRIVE SECTIONLINE RD
City-State-Zip:	BELLEVILLE IL 62221

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: ALLEN D KREKE**EVP****01/10/2023**

Electronic Signature of Signing Officer/Director Detail

Date