

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000006404

**Entity Name:** CONNECTED HEALTHCARE, INC.

**Current Principal Place of Business:**

1675 E RIVERSIDE DR STE 150  
EAGLE, ID 83616

**Current Mailing Address:**

1675 E RIVERSIDE DR STE 150  
EAGLE, ID 83616

**FEI Number: 45-3951495**

**Certificate of Status Desired: No**

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

NRAI SERVICES, INC.  
1200 S PINE ISLAND RD  
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

**Officer/Director Detail :**

Title D  
Name GUERISOLI, BRENT  
Address 1675 E RIVERSIDE DR STE 150  
City-State-Zip: EAGLE ID 83616

Title S  
Name MCMILLAN, ELLIOT  
Address 1675 E RIVERSIDE DR STE 150  
City-State-Zip: EAGLE ID 83616

Title P  
Name GOCHNOUR, JOHN  
Address 1675 E RIVERSIDE DR STE 150  
City-State-Zip: EAGLE ID 83616

Title T  
Name JOHNSON, LEE  
Address 1675 E RIVERSIDE DR STE 150  
City-State-Zip: EAGLE ID 83616

*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: ELLIOT MCMILLAN**

**SECRETARY**

**02/28/2024**

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

\_\_\_\_\_  
Date