

2023 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 WAYMENT, BRIAN
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

02/20/2023

Electronic Signature of Signing Officer/Director Detail

Date