

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003139

Entity Name: HEALTHDATAINSIGHTS, INC.

Current Principal Place of Business:

9275 W. RUSSELL RD., SUITE 100
LAS VEGAS, NV 89148

Current Mailing Address:

5615 HIGH POINT DRIVE
IRVING, TX 75038 US

FEI Number: 20-0350950

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 PRESIDENT, DIRECTOR
Name YOUNG , SPENCER
Address 9275 W. RUSSELL RD., SUITE 100
City-State-Zip: LAS VEGAS NV 89148

Title TREASURER
Name FREEDMAN , NEIL
Address 9275 W. RUSSELL RD., SUITE 100
City-State-Zip: LAS VEGAS NV 89148

Title SECRETARY
Name LILLEY , HOLMES
Address 9275 W. RUSSELL RD., SUITE 100
City-State-Zip: LAS VEGAS NV 89148

Title DIRECTOR
Name WALKOWSKI , KAREN
Address 9275 W. RUSSELL RD., SUITE 100
City-State-Zip: LAS VEGAS NV 89148

Title DIRECTOR
Name MILLER , DONALD
Address 9275 W. RUSSELL RD., SUITE 100
City-State-Zip: LAS VEGAS NV 89148

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: HOLMES LILLEY

SECRETARY

04/20/2015

Electronic Signature of Signing Officer/Director Detail

Date