

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000002001

**Entity Name:** HEALTHCARE MANAGEMENT OF AMERICA, INC.

**Current Principal Place of Business:**

16435 N SCOTTSDALE ROAD SUITE 320  
SCOTTSDALE, AZ 85254

**Current Mailing Address:**

16435 N. SCOTTSDALE ROAD  
SUITE 320  
SCOTTSDALE, AZ 85254 US

**FEI Number:** 45-4931741

**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            CEO  
Name            PETERS, SCOTT D  
Address        16435 N. SCOTTSDALE ROAD  
City-State-Zip: SCOTTSDALE AZ 85254

Title            CFO  
Name            MILLIGAN, ROBERT  
Address        16435 N SCOTTSDALE ROAD SUITE  
                  320  
City-State-Zip: SCOTTSDALE AZ 85254

*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:** ROBERT MILLIGAN

**OFFICER**

**04/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date