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	CFO	06/17/2020

Electronic Signature of Signing Officer/Director Detail

# 2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F1300002001

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

## 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:

Date Electronic Signature of Registered Agent **Officer/Director Detail :** CEO Title CFO Title Name PETERS, SCOTT D Name MILLIGAN, ROBERT 16435 N. SCOTTSDALE ROAD Address Address 16435 N SCOTTSDALE ROAD SUITE 320 City-State-Zip: SCOTTSDALE AZ 85254 City-State-Zip: SCOTTSDALE AZ 85254

#### Certificate of Status Desired: No

FILED Jun 17, 2020 Secretary of State 7040937210CC

Date