

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000002923

**Entity Name:** EDCO HEALTH INFORMATION SOLUTIONS INC.

**Current Principal Place of Business:**

1351 N. BELCREST AVENUE  
SPRINGFIELD, MO 65802

**Current Mailing Address:**

1351 N. BELCREST AVENUE  
SPRINGFIELD, MO 65802

**FEI Number:** 46-4315285

**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            CHRM  
Name            GLASSMAN, BILL  
Address        1351 N. BELCREST AVENUE  
City-State-Zip: SPRINGFIELD MO 65802

Title            P  
Name            JONES, LYNNE  
Address        1351 N. BELCREST AVENUE  
City-State-Zip: SPRINGFIELD MO 65802

Title            VP  
Name            HORTON, JAMES  
Address        1351 N. BELCREST AVENUE  
City-State-Zip: SPRINGFIELD MO 65802

Title            S  
Name            BOOZER, DANIEL  
Address        1351 N. BELCREST AVENUE  
City-State-Zip: SPRINGFIELD MO 65802

Title            T  
Name            MESSIGNHAM, CAROL  
Address        1351 N. BELCREST AVENUE  
City-State-Zip: SPRINGFIELD MO 65802

Title            D  
Name            DAVIS, JIM  
Address        1351 N. BELCREST AVENUE  
City-State-Zip: SPRINGFIELD MO 65802

*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: DANIEL BOOZER**

**ASST SECRETARY**

**04/27/2015**

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

\_\_\_\_\_  
Date