

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000002923

Entity Name: EDCO HEALTH INFORMATION SOLUTIONS INC.

FILED
Apr 07, 2017
Secretary of State
CC4906488326

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:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DRIVE SUITE A
TALLAHASSEE, FL 32301 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, CHAIRMAN, DIRECTOR
Name GLASSMAN, BILL
Address 1351 N. BELCREST AVENUE
City-State-Zip: SPRINGFIELD MO 65802

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

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

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

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

Title DIRECTOR
Name SIEGELAAR, HERMAN
Address 1351 N. BELCREST AVENUE
City-State-Zip: SPRINGFIELD MO 65802

Title ASSISTANT SECRETARY
Name SMOLLER, ROBERT
Address 1351 N. BELCREST AVENUE
City-State-Zip: SPRINGFIELD MO 65802

Title DIRECTOR
Name STOWATER, TYLER
Address 1351 N. BELCREST AVENUE
City-State-Zip: SPRINGFIELD MO 65802

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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: LEE WIELANSKY

DIRECTOR

04/07/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name WIELANSKY, LEE
Address 1351 N. BELCREST AVENUE
City-State-Zip: SPRINGFIELD MO 65802

Title DIRECTOR
Name MALONE, RICH
Address 1351 N. BELCREST AVENUE
City-State-Zip: SPRINGFIELD MO 65802