

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000002923

Entity Name: EDCO HEALTH INFORMATION SOLUTIONS INC.

FILED
Apr 17, 2019
Secretary of State
7464697759CC

Current Principal Place of Business:

1351 N BELCREST AVE.
SPRINGFIELD, MO 65802

Current Mailing Address:

1351 N BELCREST AVE.
SPRINGFIELD, MO 65802 US

FEI Number: 46-4315285

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR.
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 DIRECTOR
Name BOBBINS, NORM
Address 1351 N BELCREST AVE.
City-State-Zip: SPRINGFIELD MO 65802

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

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

Title CEO, CHAIRMAN, DIRECTOR,
PRESIDENT
Name GLASSMAN, BILL
Address 1351 N BELCREST AVE.
City-State-Zip: SPRINGFIELD MO 65802

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

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

Title SECRETARY, CFO, TREASURER
Name MESSINGHAM, CAROL
Address 1351 N BELCREST AVE.
City-State-Zip: SPRINGFIELD MO 65802

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

Continues on page 2

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: BILL GLASSMAN

PRESIDENT

04/17/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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