

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000002923

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

**FILED**  
**Apr 16, 2020**  
**Secretary of State**  
**3207859633CC**

**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

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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: BOBBINS , NORM**

**DIRECTOR**

**04/16/2020**

\_\_\_\_\_  
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