

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000001593

**Entity Name:** NVIEW HEALTH, INC.**Current Principal Place of Business:**4815 N. HIGH COUNTRY DR.  
STAR, ID 83669**Current Mailing Address:**4815 N. HIGH COUNTRY DR.  
STAR, ID 83669 US**FEI Number: 81-3084995****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ST. AUGUSTINE LAW GROUP, PA  
320 HIGH TIDE DR.  
SUITE 101  
ST. AUGUSTINE, FL 32080 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	CPT
Name	YOUNG, THOMAS R MD
Address	4815 N. HIGH COUNTRY DR.
City-State-Zip:	STAR ID 83669

Title	VC, VP, S
Name	SCHUSTER, DAVID
Address	13047 N. NORTHSTAR DR.
City-State-Zip:	FOUNTAIN HILLS AZ 85268

Title	D
Name	SHEEHAN, DAVID
Address	611 WARRAN RD.
City-State-Zip:	LUTZ FL 33548

*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: THOMAS R. YOUNG, MD.****CPT****02/08/2019**

Electronic Signature of Signing Officer/Director Detail

Date