

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000006312

**Entity Name:** HEALTHSMART BENEFIT SOLUTIONS, INC.

**FILED**  
**Mar 05, 2014**  
**Secretary of State**  
**CC9914451729**

**Current Principal Place of Business:**

222 W LAS COLINAS BLVD  
STE 600 NORTH  
IRVING, TX 75039

**Current Mailing Address:**

222 W LAS COLINAS BLVD  
STE 600 NORTH  
IRVING, TX 75039

**FEI Number: 36-4099199**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 D  
Name GARRISON, GARY N  
Address 4242 N.E. SAVANNAH ROAD  
City-State-Zip: JENSEN BEACH FL 34957

Title PRESIDENT, SECRETARY,  
TREASURER  
Name DEMBERECKYJ, WILLIAM  
Address 222 W LAS COLINAS BLVD STE 600  
NORTH  
City-State-Zip: IRVING TX 75039

Title D  
Name CROWLEY, DANIEL  
Address 1730 I. STREET #101  
City-State-Zip: SACRAMENTO CA 95811

Title D  
Name BANKS, THOMAS RIII  
Address 2 GREENWICH PLAZA, 1ST FLOOR  
City-State-Zip: GREENWICH CT 06830

*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: WILLIAM D. DEMBERECKYJ**

**PRESIDENT**

**03/05/2014**

Electronic Signature of Signing Officer/Director Detail

Date