

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000006312

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

**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            PRESIDENT  
Name            CHRISTIANSON, PHILIP L  
Address        222 W LAS COLINAS BLVD  
                  STE 600 NORTH  
City-State-Zip: IRVING TX 75039

Title            SECRETARY, DIRECTOR  
Name            BITTNER, SARAH A  
Address        222 W LAS COLINAS BLVD  
                  STE 600 NORTH  
City-State-Zip: IRVING TX 75039

Title            TREASURER  
Name            THOMPSON, MATTHEW D  
Address        222 W LAS COLINAS BLVD  
                  STE 600 NORTH  
City-State-Zip: IRVING TX 75039

*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: SARAH BITTNER**

**SECRETARY**

**04/24/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date