No. C 214763		Due no later than Aug 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. HEALTHCARE & DIAGNOSTIC SOLUTIONS, INC. 29922 COUNTY ROAD 49 LOXLEY AL 36551		2. Registered /	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF				921 S ORCH BOISE ID	UNISEARCH, INC. 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
4. Corporations: Enter Nam		ess Addresses of P	resident, Secretary, and Directors. Treasi	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR MATTHEW MCDONALI TREASURER ERIC BUSBY PRESIDENT MATTHEW MCDONALI			29922 COUNTY ROAD 49 29922 COUNTY ROAD 49 29922 COUNTY ROAD 49	LOXLEY LOXLEY LOXLEY	AL AL AL		36551 36551 36551	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
AL C 214763		Signature: MATTHEW MCDONALD Date: 08/10/2018						
		Name (type or print): MATTHEW MCDONALD			Title: PRESIDENT			
Processed 08/10/2018	* Electronically provided signatures are accepted as original signatures.							