No. C 208617		Due no later than Jan 31, 2017			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HOST HEALTHCARE, INC. 9540 TOWNE CENTRE DR. SUITE 150						
NO FILING FEE IF RECEIVED BY DUE DATE		SAN DIEGO CA 92121 USA						
4. Corporations: Enter Names	s and Busine	ess Addresses of Preside	nt, Secretary, and Directors.	Treasurer (optional).			
Office Held Na	ame		Street or PO Address		City	State	Country	Postal Code
PRESIDENT ADAM FRANCIS TREASURER ADAM FRANCIS SECRETARY ADAM FRANCIS DIRECTOR ADAM FRANCIS		9540 TOWNE CENTRE DR. 9540 TOWNE CENTRE DR. 9540 TOWNE CENTRE DR. 9540 TOWNE CENTRE DR.	SUITE 150 SUITE 150	SAN DIEGO SAN DIEGO	CA CA CA CA	USA USA USA USA	92121 92121 92121 92121	
5. Organized Under the Laws of: 6. DE C 208617		6. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann			Date: 01/05/2017 Title: POA			
Processed 01/05/2017	3	* Electronically provided	signatures are accepted as	original sign	atures.			