

No. W 172008	Due no later than Sep 30, 2018 Annual Report Form		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 RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HEALTHCARE SOLUTIONS DIRECT, LLC 12421 N FLORIDA AVE STE 211 TAMPA FL 33612		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	GREGORY GURBIKIAN	12421 N FLORIDA AVE STE 211	TAMPA	FL	USA	33612
MANAGER	EDWARD R. ELSNER	12421 N FLORIDA AVE STE 211	TAMPA	FL	USA	33612
5. Organized Under the Laws of: FL W 172008	6. Annual Report must be signed.* Signature: GREGORY GURBIKIAN Name (type or print): GREGORY GURBIKIAN		Date: 08/27/2018 Title: MANAGER			
Processed 08/27/2018		* Electronically provided signatures are accepted as original signatures.				