No. C 215116	Annual Report Form CRETARY OF STATE D WEST JEFFERSON BOX 83720 ISE, ID 83720-0080 Annual Report Form 1. Mailing Address: Correct in this box if needed. HEALTHSMART RX SOLUTIONS, INC. 222 W LAS COLINAS BLVD STE 500N IRVING TX 75039		Registered Agent and Address (NO PO BOX) CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713				
Return to:							
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
			3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Bus	iness Addresses of Pres	ident, Secretary, and Directors. Treasurer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT PHILIP D	CHRISTIANSON	222 W LAS COLINAS BLVD STE 500N	IRVING	TX		75039	
SECRETARY SARAH A	BITTERN	222 W LAS COLINAS BLVD STE 500N	IRVING	TX		75039	
5. Organized Under the Laws of: 6. Annual Report r		st be signed.*					
OH Signature		Sarah Bittner		Date: 09/24/2018			
C 215116	Name (type or prin	Name (type or print): Sarah Bittner		Title: Secretary			
Processed 09/24/2018	* Electronically provided signatures are accepted as original signatures.						