

No. W 143059		Due no later than Oct 31, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. HEALTHCARE SYSTEMS & TECHNOLOGIES, LLC TOMMY P HUI 3675 MT DIABLO BLVD STE 100B LAFAYETTE CA 94549		REGISTERED AGENT SOLUTIONS INC 921 S ORCHARD ST STE G BOISE ID 83705			
				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	TOMMY P HUI	3675 MT DIABLO BLVD STE 100B	LAFAYETTE	CA	USA	94549	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
DE W 143059		Signature: TJ ALLEN		Date: 09/13/2016			
		Name (type or print): TJ ALLEN		Title: AUTHORIZED FILER			
Processed 09/13/2016		* Electronically provided signatures are accepted as original signatures.					