

No. C 191774		Due no later than Jul 31, 2017 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. ANTHELIO HEALTHCARE SOLUTIONS INC. 4851 REGENT BLVD IRVING TX 75063		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
TREASURER	WILLIAM DONOVAN	4851 REGENT BLVD	IRVING	TX	USA	75063
SECRETARY	FAYIAZ CHAUDHRI	4851 REGENT BLVD	IRVING	TX	USA	75063
PRESIDENT	CHAD HARRIS	4851 REGENT BLVD	IRVING	TX	USA	75063
DIRECTOR	CHAD HARRIS	4851 REGENT BLVD	IRVING	TX	USA	75063
5. Organized Under the Laws of: DE C 191774		6. Annual Report must be signed.* Signature: WILLIAM DONOVAN Name (type or print): WILLIAM DONOVAN Date: 07/01/2017 Title: CFO				
Processed 07/01/2017		* Electronically provided signatures are accepted as original signatures.				