

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L51044

Entity Name: PULSE MEDICAL, INC.

Current Principal Place of Business:

1130 ADA STREET
SUITE B
BLUE RIDGE, GA 30513

Current Mailing Address:

1130 ADA STREET
SUITE B
BLUE RIDGE, GA 30513 US

FEI Number: 65-0175251

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HACKER, GARY
3300 N 29 AVE
SUITE 102
HOLLYWOOD, FL 33020 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GARY HACKER

03/22/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title V
Name BOYCE, GORDON
Address 1130 ADA STREET SUITE B
City-State-Zip: BLUE RIDGE GA 30513

Title P
Name BOYCE, BARBARA
Address 1130 ADA STREET SUITE B
City-State-Zip: BLUE RIDGE GA 30513

Title S
Name BOYCE, BARBARA
Address 1130 ADA STREET SUITE B
City-State-Zip: BLUE RIDGE GA 30513

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA BOYCE

PRESIDENT

03/22/2017

Electronic Signature of Signing Officer/Director Detail

Date