

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000003100

**Entity Name:** ADVANCED TELEMEDICINE SOLUTIONS CORP

**Current Principal Place of Business:**

8958 W STATE RD. 84  
289  
DAVIE, FL 33324

**Current Mailing Address:**

8958 W STATE RD. 84  
289  
DAVIE, FL 33324 US

**FEI Number:** 45-4422075

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

FTAA CONSULTING INC  
8958 W STATE RD 84  
289  
DAVIE, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name NADER, KARIM  
Address 8958 W STATE RD 84 # 289  
City-State-Zip: DAVIE FL 33324

Title VP  
Name LEMA, MARIA DEL PILA  
Address 8958 W STATE RD 84 # 289  
City-State-Zip: DAVIE FL 33324

Title D  
Name NADER, ALEJANDRA  
Address 8958 W STATE RD 84 # 289  
City-State-Zip: DAVIE FL 33324

Title D  
Name NADER, DANIELA  
Address 8958 W STATE RD 84 # 289  
City-State-Zip: DAVIE FL 33324

Title DIRECTOR  
Name ARBOLEDA, JOSE ALEJANDRO  
Address 8958 W STATE RD 84 # 289  
City-State-Zip: DAVIE FL 33324

Title SECRETARY  
Name CSVANY, KATRIN  
Address 8958 W STATE RD. 84  
289  
City-State-Zip: DAVIE FL 33324

*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:** KATRIN CSVANY

**SECRETARY**

**04/29/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date