

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000003100

Entity Name: ADVANCED TELEMEDICINE SOLUTIONS CORP

FILED
Apr 24, 2017
Secretary of State
CC9858110744

Current Principal Place of Business:

8930 W STATE RD. 84
289
DAVIE, FL 33324

Current Mailing Address:

8930 W STATE RD. 84
289
DAVIE, FL 33324 US

FEI Number: 45-4422075

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FTAA CONSULTING INC
8930 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 8930 W STATE RD 84 # 289
City-State-Zip: DAVIE FL 33324

Title VP
Name LEMA, MARIA DEL PILA
Address 8930 W STATE RD 84 # 289
City-State-Zip: DAVIE FL 33324

Title D
Name NADER, ALEJANDRA
Address 8930 W STATE RD 84 # 289
City-State-Zip: DAVIE FL 33324

Title D
Name NADER, DANIELA
Address 8930 W STATE RD 84 # 289
City-State-Zip: DAVIE FL 33324

Title DIRECTOR
Name ARBOLEDA, JOSE ALEJANDRO
Address 8930 W STATE RD 84 # 289
City-State-Zip: DAVIE FL 33324

Title SECRETARY
Name CSVANY, KATRIN
Address 8930 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

S

04/24/2017

Electronic Signature of Signing Officer/Director Detail

Date