#### **2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000003100

**Entity Name: ADVANCED TELEMEDICINE SOLUTIONS CORP** 

FILED
Mar 12, 2023
Secretary of State
7634401269CC

# **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 Title VP

Name NADER, KARIM Name LEMA, MARIA DEL PILA

Address 8958 W STATE RD 84 # 289 Address 8958 W STATE RD 84 # 289

City-State-Zip: DAVIE FL 33324 City-State-Zip: DAVIE FL 33324

Title D Title D

Name NADER, ALEJANDRA Name NADER, DANIELA

Address 8958 W STATE RD 84 # 289 Address 8958 W STATE RD 84 # 289

City-State-Zip: DAVIE FL 33324 City-State-Zip: DAVIE FL 33324

Title DIRECTOR Title SECRETARY

Name ARBOLEDA, JOSE ALEJANDRO Name CSVANY, KATRIN

Address 8958 W STATE RD 84 # 289 Address 8958 W STATE RD.84

289

City-State-Zip: DAVIE FL 33324 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.

Electronic Signature of Signing Officer/Director Detail