above, or on an attachment with all other like empowered.

SIGNATURE: HEATHER SPELLACY

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P18000018505

Entity Name: HELPFUL MEDICAL SOLUTIONS, INC.

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

4315 GOLFERS CIRCLE EAST PALM BEACH GARDENS, FL 33410

Current Mailing Address:

4315 GOLFERS CIRCLE EAST PALM BEACH GARDENS. FL 33410 US

FEI Number: 82-4602140

Name and Address of Current Registered Agent:

SPELLACY, HEATHER M 4315 GOLFERS CIRCLE EAST PALM BEACH GARDENS, FL 33410 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

Officer/Director Detail :

| Title | P | Title | VP |
|-----------------|-----------------------------|-----------------|-----------------------------|
| Name | SPELLACY, HEATHER M | Name | COGNAC, GLEN |
| Address | 4315 GOLFERS CIRCLE EAST | Address | 4315 GOLFERS CIRCLE EAST |
| City-State-Zip: | PALM BEACH GARDENS FL 33410 | City-State-Zip: | PALM BEACH GARDENS FL 33410 |

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

PRESIDENT

03/23/2021

FILED Mar 23, 2021 Secretary of State 1330475159CC

Certificate of Status Desired: No

Date

Date