

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000093003

**Entity Name:** EDGEMED HEALTHCARE SOLUTIONS INC.

**Current Principal Place of Business:**

4800 T-REX AVENUE SUITE 200  
BOCA RATON, FL 33431

**Current Mailing Address:**

4800 T-REX AVENUE SUITE 200  
BOCA RATON, FL 33431 US

**FEI Number:** 65-0820431

**Certificate of Status Desired:** No

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

KURSTIN, RYAN  
4800 T-REX AVENUE, SUITE 200  
BOCA RATON, FL 33431 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 KURSTIN, RYAN  
Address 4800 TREX AVENUE  
SUITE 200  
City-State-Zip: BOCA RATON FL 33431

Title ST  
Name KURSTIN, SCOTT COO  
Address 4800 TREX AVENUE  
SUITE 200  
City-State-Zip: BOCA RATON FL 33431

*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:** SCOTT KURSTIN

**EXECUTIVE VP**

**03/22/2024**

Electronic Signature of Signing Officer/Director Detail

Date