

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000001413

**Entity Name:** HEALTHCARE CONCIERGE SERVICES STANDBYMD, INC.

**Current Principal Place of Business:**

777 BRICKELL AVE, SUITE 410  
MIAMI, FL 33131

**FILED**  
**Jan 27, 2020**  
**Secretary of State**  
**6916056347CC**

**Current Mailing Address:**

777 BRICKELL AVE, SUITE 410  
MIAMI, FL 33131 US

**FEI Number: 26-4548094**

**Certificate of Status Desired: Yes**

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

SANCHEZ, ALEX  
777 BRICKELL AVE, SUITE 410  
MIAMI, FL 33131 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           DIRECTOR  
Name           BULL, MICHEL  
Address        73 QUEEN STREET  
City-State-Zip: SHERBROOKE QUEBEC J1M 0C9

Title           DIRECTOR  
Name           SLAMA, PATRICK  
Address        73 QUEEN STREET  
City-State-Zip: SHERBROOKE QUEBEC J1M 0C9

Title           DIRECTOR  
Name           LAFOND, NATHALIE  
Address        73 QUEEN STREET  
City-State-Zip: SHERBROOKE QUEBEC J1M 0C9

Title           OFFICER  
Name           SANCHEZ, ALEX  
Address        777 BRICKELL AVENUE SUITE 410  
City-State-Zip: MIAMI FL 33131

Title           VP, OPERATIONS  
Name           LAFOND, NATHALIE  
Address        73 QUEEN STREET  
City-State-Zip: SHERBROOKE QUEBEC J1M 0C9

*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: PATRICK SLAMA**

**DIRECTOR**

**01/27/2020**

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

\_\_\_\_\_  
Date