

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000004918

**FILED**  
**Feb 24, 2015**  
**Secretary of State**  
**CC6715133078**

**Entity Name:** NATIONWIDE MEDICAL, INC.

**Current Principal Place of Business:**

29901 AGOURA ROAD  
AGOURA HILLS, CA 91301

**Current Mailing Address:**

29901 AGOURA ROAD  
AGOURA HILLS, CA 91301

**FEI Number:** 61-1423158

**Certificate of Status Desired:** No

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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 CHAIRMAN/OWNER  
Name SIEGEL, HOWARD  
Address 29901 AGOURA ROAD  
City-State-Zip: AGOURA HILLS CA 91301

Title CEO  
Name SIEGEL, DAVID  
Address 29901 AGOURA ROAD  
City-State-Zip: AGOURA HILLS CA 91301

Title COO  
Name TOURIAN, PATRICK  
Address 29901 AGOURA ROAD  
City-State-Zip: AGOURA HILLS CA 91301

*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:** DAVID SIEGEL

CEO

02/24/2015

Electronic Signature of Signing Officer/Director Detail

Date