

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000001742

**Entity Name:** SEMLER SCIENTIFIC, INC.**Current Principal Place of Business:**2330 NW EVERETT ST  
PORTLAND, OR 97210**Current Mailing Address:**2330 NW EVERETT ST  
PORTLAND, OR 97210 US**FEI Number:** 26-1367393**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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  
Name SEMLER, MD, HERBERT J  
Address 2330 NW EVERETT ST  
City-State-Zip: PORTLAND OR 97210

Title CEO/DIRECTOR  
Name MURPHY-CHUTORIAN, DOUG  
Address 2330 NW EVERETT ST  
City-State-Zip: PORTLAND OR 97210

Title DIRECTOR  
Name SEMLER, SHIRLEY  
Address 2330 NW EVERETT ST  
City-State-Zip: PORTLAND OR 97210

Title CEO, DIRECTOR  
Name MURPHY-CHUTORIAN, DOUG  
Address 2330 NW EVERETT ST  
City-State-Zip: PORTLAND OR 97210

Title COO, PRESIDENT  
Name MCRAE, ROBERT G  
Address 2330 NW EVERETT ST  
City-State-Zip: PORTLAND OR 97210

Title VICE PRESIDENT - FINANCE  
Name CONGER, DANIEL E.  
Address 2330 NW EVERETT ST  
City-State-Zip: PORTLAND OR 97210

Title DIRECTOR  
Name COLLINS, AIDAN M.  
Address 2330 NW EVERETT ST  
City-State-Zip: PORTLAND OR 97210

Title DIRECTOR  
Name LEIBOWITZ, ARTHUR  
Address 2330 NW EVERETT ST  
City-State-Zip: PORTLAND OR 97210

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*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: ROBERT G. MCRAE****PRESIDENT****04/21/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BARCLAY, BRUCE  
Address 2330 NW EVERETT ST  
City-State-Zip: PORTLAND OR 97210

Title DIRECTOR  
Name PAN, WAYNE T.  
Address 2330 NW EVERETT ST  
City-State-Zip: PORTLAND OR 97210

Title DIRECTOR  
Name GARFIELD, GREG S.  
Address 2330 NW EVERETT ST  
City-State-Zip: PORTLAND OR 97210