

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001742

Entity Name: SEMLER SCIENTIFIC, INC.**Current Principal Place of Business:**2330 NW EVERETT ST
PORTLAND, OR 97123**Current Mailing Address:**2330 NW EVERETT ST
PORTLAND, OR 97123**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, PRESIDENT
Name SEMLER, MD, HERBERT J
Address 2330 NW EVERETT ST
City-State-Zip: PORTLAND OR 97123

Title CEO/DIRECTOR
Name MURPHY-CHUTORIAN, DOUG
Address 2330 NW EVERETT STREET
City-State-Zip: PORTLAND OR 97123

Title DIRECTOR
Name SEMLER, SHIRLEY
Address 2330 NW EVERETT STREET
City-State-Zip: PORTLAND OR 97123

Title D/CAO
Name MURPHY, MD, DOUG
Address 2330 NW EVERETT STREET
City-State-Zip: PORTLAND OR 97123

Title DIRECTOR
Name SEMLER, ERIC
Address 2330 NW EVERETT ST
City-State-Zip: PORTLAND OR 97123

Title COO
Name MCRAE, ROBERT G
Address 2330 NW EVERETT STREET
City-State-Zip: PORTLAND OR 97123

Title DIRECTOR
Name CHANG, WILLIAM H.C.
Address 2330 NW EVERETT ST
City-State-Zip: PORTLAND OR 97123

Title CONTROLLER/VICE PRESIDENT
Name CONGER, DANIEL E.
Address 2330 NW EVERETT ST
City-State-Zip: PORTLAND OR 97123

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: HERBERT J SEMLER, MD**PRESIDENT****04/30/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date