

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000002553

Entity Name: CHARTWISE MEDICAL SYSTEMS, INC.

Current Principal Place of Business:

1174 KINGSTOWN ROAD #201
WAKEFIELD, RI 02879

Current Mailing Address:

1174 KINGSTOWN ROAD #201
WAKEFIELD, RI 02879

FEI Number: 27-0291511

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 PRESIDENT
Name ELION, JONATHAN L.
Address 1174 KINGSTOWN ROAD #201
City-State-Zip: WAKEFIELD RI 02879

Title DIRECTOR
Name BURCH, JOHN
Address 1174 KINGSTOWN ROAD #201
City-State-Zip: WAKEFIELD RI 02879

Title VP, SECRETARY, TREASURER
Name COOPER, MARY
Address 1174 KINGSTOWN ROAD #201
City-State-Zip: WAKEFIELD RI 02879

Title DIRECTOR
Name BROWN, WILLIAM
Address 1174 KINGSTOWN ROAD #201
City-State-Zip: WAKEFIELD RI 02879

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: MARY COOPER

SECRETARY

04/21/2017

Electronic Signature of Signing Officer/Director Detail

Date