

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000002553

Entity Name: CHARTWISE MEDICAL SYSTEMS, INC.**Current Principal Place of Business:**6850 AUSTIN CENTER BLVD, STE 350
SUITE 201
AUSTIN, TX 78731**Current Mailing Address:**6850 AUSTIN CENTER BLVD, STE 350
SUITE 201
AUSTIN, TX 78731 US**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, CEO, DIRECTOR
Name CHAN, WILLIAM
Address 6850 AUSTIN CENTER BLVD, STE 350
SUITE 201
City-State-Zip: AUSTIN TX 78731

Title VP, DIRECTOR
Name CRISAN, JEFFREY
Address 6850 AUSTIN CENTER BLVD, STE 350
SUITE 201
City-State-Zip: AUSTIN TX 78731

Title COO
Name TOUB, JOSHUA
Address 6850 AUSTIN CENTER BLVD, STE 350
SUITE 201
City-State-Zip: AUSTIN TX 78731

Title SECRETARY, DIRECTOR
Name CHOI, YUMIN
Address 6850 AUSTIN CENTER BLVD, STE 350
SUITE 201
City-State-Zip: AUSTIN TX 78731

Title DIRECTOR
Name KADYAN, MICHAEL
Address 6850 AUSTIN CENTER BLVD, STE 350
SUITE 201
City-State-Zip: AUSTIN TX 78731

Title CFO, TREASURER
Name LOVELL, MICHAEL
Address 6850 AUSTIN CENTER BLVD, STE 350
SUITE 201
City-State-Zip: AUSTIN TX 78731

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: MICHAEL KADYAN**CFO****06/13/2022**

Electronic Signature of Signing Officer/Director Detail

Date