

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000002171

Entity Name: GENOMIND, INC.**Current Principal Place of Business:**2200 RENAISSANCE BLVD., SUITE 100
KING OF PRUSSIA, PA 19406**Current Mailing Address:**2200 RENAISSANCE BLVD., SUITE 100
KING OF PRUSSIA, PA 19406**FEI Number:** 46-5193717**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 DIRECTOR
Name DOZORETZ, RONALD I MD
Address 240 CORPORATE BLVD.
City-State-Zip: NORFOLK VA 23502

Title TREASURER
Name HALLER, STEVE
Address 240 CORPORATE BLVD
SUITE 110
City-State-Zip: NORFOLK VA 23502

Title SECRETARY
Name NUSS, GLORIA
Address 240 CORPORATE BLVD
City-State-Zip: NORFOLK VA 23502

Title PRESIDENT, CEO
Name O'BRIEN, SHAWN
Address 2200 RENAISSANCE BLVD., SUITE 100
City-State-Zip: KING OF PRUSSIA PA 19406

Title VP, CFO
Name HESS, THOMAS
Address 2200 RENAISSANCE BLVD., SUITE 100
City-State-Zip: KING OF PRUSSIA PA 19406

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: SHAWN O'BRIEN**PRESIDENT****02/08/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date