

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000005600

**Entity Name:** MODERNIZING MEDICINE DATA SERVICES, INC.**Current Principal Place of Business:**3600 FAU BLVD, SUITE 202  
BOCA RATON, FL 33431**Current Mailing Address:**3600 FAU BLVD, SUITE 202  
BOCA RATON, FL 33431**FEI Number: 81-0818604****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            CANE, DANIEL  
Address        3600 FAU BLVD, SUITE 202  
City-State-Zip: BOCA RATON FL 33431

Title            VP, GC  
Name            FLEISHER, MARK  
Address        3600 FAU BLVD, SUITE 202  
City-State-Zip: BOCA RATON FL 33431

Title            CFO/COO  
Name            O'BYRNE, KAREN  
Address        3600 FAU BLVD, SUITE 202  
City-State-Zip: BOCA RATON FL 33431

Title            CMO  
Name            SHERLING, MICHAEL  
Address        3600 FAU BLVD., SUITE 202  
City-State-Zip: BOCA RATON FL 33431

Title            CRO  
Name            VON PUSCH, RICK  
Address        3600 FAU BLVD, SUITE 202  
City-State-Zip: BOCA RATON FL 33431

*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: KAREN O'BYRNE****CFO/COO****04/29/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date