

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000004634

Entity Name: MEDSHAPE, INC.**Current Principal Place of Business:**1575 NORTHSIDE DRIVE NW
STE 440
ATLANTA, GA 30318**Current Mailing Address:**1575 NORTHSIDE DRIVE NW
STE 440
ATLANTA, GA 30318 US**FEI Number:** 26-0578145**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
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	DIRECTOR
Name	MICHAEL, HIX, CHRISTOPHER
Address	1575 NORTHSIDE DRIVE NW STE 440
City-State-Zip:	ATLANTA GA 30318

Title	DIRECTOR
Name	DANIEL ALEXIS, PRYOR
Address	1575 NORTHSIDE DRIVE NW STE 440
City-State-Zip:	ATLANTA GA 30318

Title	DIRECTOR
Name	BRADLEY JOE, TANDY
Address	1575 NORTHSIDE DRIVE NW STE 440
City-State-Zip:	ATLANTA GA 30318

Title	PRESIDENT
Name	CHRISTOPHER , MICHAEL
Address	1575 NORTHSIDE DRIVE NW STE 440
City-State-Zip:	ATLANTA GA 30318

Title	TREASURER
Name	CARLOS EDUARDO , DE CARVALHO
Address	2711 CENTERVILLE ROAD SIUTE 400
City-State-Zip:	WILMINGTON DE 19808

Title	SECRETARY
Name	BRADLEY JOE, TANDY
Address	2711 CENTERVILLE ROAD SIUTE 400
City-State-Zip:	WILMINGTON DE 19808

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: TANDY, BRADLEY JOE**SECRETARY****05/18/2021**

Electronic Signature of Signing Officer/Director Detail

Date