

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000002456

**Entity Name:** SECOND OPINION TELEMEDICINE SOLUTIONS, INC.

**Current Principal Place of Business:**

20695 S WESTERN AVE #200  
TORRANCE, CA 90501

**Current Mailing Address:**

20695 S WESTERN AVE #200  
TORRANCE, CA 90501 US

**FEI Number:** 38-3783888

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ABBRUSCATO, RICH  
8247 DEVEREUX DRIVE, STE 101  
VIERA, FL 32940 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 CP  
Name KAUFMAN, TIM  
Address 20695 S WESTERN AVE #200  
City-State-Zip: TORRANCE CA 90501

*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:** TIM KAUFMAN

**OWNER**

**01/15/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date