

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000004008

Entity Name: TELEHEALTH SERVICES USA INC.**Current Principal Place of Business:**10775 PIONEER TRL STE 215
TRUCKEE, CA 96161-0234**Current Mailing Address:**10775 PIONEER TRL STE 215
TRUCKEE, CA 96161-0234 US**FEI Number: 38-4054409****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**REGISTERED AGENTS INC.
7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702 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
Name	DARZYNKIEWICZ, ROBERT
Address	10775 PIONEER TRL STE 215
City-State-Zip:	TRUCKEE CA 96161-0234

Title	SECRETARY
Name	DARZYNKIEWICZ, ROBERT
Address	10775 PIONEER TRL STE 215
City-State-Zip:	TRUCKEE CA 96161-0234

Title	TREASURER
Name	DARZYNKIEWICZ, ROBERT
Address	10775 PIONEER TRL STE 215
City-State-Zip:	TRUCKEE CA 96161-0234

Title	CHAIR
Name	DARZYNKIEWICZ, ROBERT
Address	10775 PIONEER TRL STE 215
City-State-Zip:	TRUCKEE CA 96161-0234

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: ROBERT DARZYNKIEWICZ**PRESIDENT****03/16/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date