FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V72748 (9)

1. Corporate Name

DATAMED USA, INC.

Principal Office Address

4005 N. FEDERAL HWY
SUITE 200
FT. LAUDERDALE FL 33308
US

Mailing Address

4005 N. FEDERAL HWY
SUITE 200
FT. LAUDERDALE FL 33308
US

FOR OFFICE USE ONLY

3. Date Incorporated or Qualified: 10/19/1992

3a. Date of Last Report: 04/29/1994

2. Principal Place of Business — 21 City, State, Zip — 22 County — 23 Country — 24 — 25

2a. Mailing Address — 26 City, State, Zip — 27 County — 28 Country — 29 — 30

4. FEI Number: 65-0366248 — Applied For / Not Applicable

5. Certificate of Status Desired: $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: $5.00 May Be Added to Fees

8. Is your principal place of business in Florida Statutes? Yes / No ✓

9. Name and Address of Current Registered Agent

JHA, SANTOSH K.
4005 N. FEDERAL HWY
SUITE 200
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City — FL — 85 Zip Code

11. The undersigned Registered Agent has agreed to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. I further agree that if any change in my registered office or registered agent is made prior to the dissolution of the corporation, I will file a statement of resignation in accordance with Florida Statutes.

SIGNATURE

12. CURRENT OFFICERS AND DIRECTORS

TITLE	D
NAME	SINGH, RAVI
STREET ADDRESS	4005 N. FEDERAL HWY #200
CITY, ST, ZIP	FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall constitute an affirmation that the facts stated herein are true. I am aware that false information submitted to a governmental agency may be punishable by fine and/or imprisonment or both under the provisions of Chapter 817.155, Florida Statutes, and that my name appears in Block 12 or Block 13 and I am an officer or director with an address.

SIGNATURE: G. Randall Lis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0215202 CP