

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000098549

Entity Name: RM HEALTHCARE SERVICES GLOBAL INC**Current Principal Place of Business:**9 WILMBELTON CT
EDISON, NJ 08820**Current Mailing Address:**9 WILMBELTON CT
EDISON, NJ 08820 US**FEI Number:** 82-3852542**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RM HEALTHCARE SERVICES GLOBAL INC
12620 BEACH BLVD
SUITE 3, #251
JACKSONVILLE, FL 32246 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:** CRAIG SYLVERSTON

04/01/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|---|
| Title | DIRECTOR |
| Name | RAMACHANDRAN, SUBRAMANIAN |
| Address | G-2 SABARI FLATS 224B, SADASIVAM NAGAR |
| City-State-Zip: | CHENNAI 60009-1 |

| | |
|-----------------|-----------------------------------|
| Title | SECRETARY |
| Name | SYLVERSTON, CRAIG |
| Address | 12620 BEACH BLVD SUITE 3, #251 |
| City-State-Zip: | JACKSONVILLE FL 32246 |

| | |
|-----------------|-------------------|
| Title | DIRECTOR |
| Name | KUMAR, SIVADEVAN |
| Address | 212 COMMON STREET |
| City-State-Zip: | QUINCY MA 02169 |

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: SUBRAMANIAN RAMACHANDRAN**OWNER / DIRECTOR**

04/01/2024

Electronic Signature of Signing Officer/Director Detail

Date