

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002683

Entity Name: COMPUGROUP MEDICAL, INC.**Current Principal Place of Business:**3838 NORTH CENTRAL AVENUE
SUITE 1600
PHOENIX, AZ 85012**Current Mailing Address:**3838 NORTH CENTRAL AVENUE
SUITE 1600
PHOENIX, AZ 85012 US**FEI Number:** 32-0307150**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VCORP SERVICES, LLC
5011 SOUTH STATE ROAD 7, SUITE 106
DAVIE, FL 33314 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 TREASURER
Name KINDER, MACKENZIE
Address 3838 NORTH CENTRAL AVENUE
 SUITE 1600
City-State-Zip: PHOENIX AZ 85012

Title DIRECTOR
Name TEIG, CHRISTIAN
Address 3838 NORTH CENTRAL AVENUE
 SUITE 1600
City-State-Zip: PHOENIX AZ 85012

Title PRESIDENT, CEO, DIRECTOR
Name BRUECKLE, MARTIN BENEDIKT
Address 3838 NORTH CENTRAL AVENUE
 SUITE 1600
City-State-Zip: PHOENIX AZ 85012

Title SECRETARY
Name WILHELM, MELANIE
Address 3838 NORTH CENTRAL AVENUE
 SUITE 1600
City-State-Zip: PHOENIX AZ 85012

Title DIRECTOR
Name RODORFF, WERNER
Address 3838 NORTH CENTRAL AVENUE
 SUITE 1600
City-State-Zip: PHOENIX AZ 85012

Title DIRECTOR
Name VON SCHORLEMER, MAXIMILIAN
 FREIHERR
Address 3838 NORTH CENTRAL AVENUE
 SUITE 1600
City-State-Zip: PHOENIX AZ 85012

Title DIRECTOR
Name GLASS, RALF
Address 3838 NORTH CENTRAL AVENUE
 SUITE 1600
City-State-Zip: PHOENIX AZ 85012

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: MACKENZIE KINDER

TREASURER

05/20/2020

Electronic Signature of Signing Officer/Director Detail_____
Date