

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000000953

**Entity Name:** GENOMEDX BIOSCIENCES CORP.**Current Principal Place of Business:**6925 LUSK BLVD  
SUITE 200  
SAN DIEGO, CA 92121**Current Mailing Address:**6925 LUSK BLVD  
SUITE 200  
SAN DIEGO, CA 92121 US**FEI Number: 99-0373279****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 DIRECTOR  
Name HOLMES, TODD  
Address 6925 LUSK BLVD  
SUITE 200  
City-State-Zip: SAN DIEGO CA 92121

Title DIRECTOR  
Name MUHLENBECK, FRANK  
Address 6925 LUSK BLVD  
SUITE 200  
City-State-Zip: SAN DIEGO CA 92121

Title DIRECTOR  
Name LEVITCH, ANDREW  
Address 6925 LUSK BLVD  
SUITE 200  
City-State-Zip: SAN DIEGO CA 92121

Title TREASURER/CFO  
Name VETTER, BRENT  
Address 6925 LUSK BLVD  
SUITE 200  
City-State-Zip: SAN DIEGO CA 92121

Title DIRECTOR  
Name NOVA, TINA S. PHD  
Address 6925 LUSK BLVD  
SUITE 200  
City-State-Zip: SAN DIEGO CA 92121

Title DIRECTOR  
Name SKINNER, HENRY PHD  
Address 6925 LUSK BLVD  
SUITE 200  
City-State-Zip: SAN DIEGO CA 92121

Title CEO/PRESIDENT  
Name NOVA, TINA S. PHD  
Address 6925 LUSK BLVD  
SUITE 200  
City-State-Zip: SAN DIEGO CA 92121

Title CSO  
Name DAVICIONI, PHD, ELAI  
Address 6925 LUSK BLVD  
SUITE 200  
City-State-Zip: SAN DIEGO CA 92121

**Continues on page 2**

*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: ADAM CHINNOCK****SECRETARY****05/29/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                             |
|-----------------|-----------------------------|
| Title           | SECRETARY                   |
| Name            | CHINNOCK, ADAM              |
| Address         | 6925 LUSK BLVD<br>SUITE 200 |
| City-State-Zip: | SAN DIEGO CA 92121          |