

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000000710

**Entity Name:** GINGER.IO, OF CALIFORNIA MEDICAL P.C., INC.

**Current Principal Place of Business:**

332 PINE STREET  
SUITE 800  
SAN FRANCISCO, CA 94104

**Current Mailing Address:**

332 PINE STREET  
SUITE 800  
SAN FRANCISCO, CA 94104 US

**FEI Number:** 47-5231010

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
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 DAWOOD, OMAR  
Address 332 PINE STREET  
SUITE 800  
City-State-Zip: SAN FRANCISCO CA 94104

Title ASSISTANT SECRETARY  
Name MAYBERRY, AINSLIE  
Address 332 PINE STREET  
SUITE 800  
City-State-Zip: SAN FRANCISCO CA 94104

Title SECRETARY  
Name MADAN, ANMOL  
Address 332 PINE STREET  
SUITE 800  
City-State-Zip: SAN FRANCISCO CA 94104

Title PRESIDENT  
Name DAWOOD, OMAR  
Address 332 PINE STREET  
SUITE 800  
City-State-Zip: SAN FRANCISCO CA 94104

*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:** AINSLIE MAYBERRY

**ASSISTANT SECRETARY 03/25/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date