

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000001252

Entity Name: INGENIOUS MED, INC.**Current Principal Place of Business:**400 GALLERIA PKWY SE
SUITE 1600
ATLANTA, GA 30339**Current Mailing Address:**1 ANTARES DRIVE
SUITE 100
OTTAWA, ONTARIO K2E 8C4 CA**FEI Number:** 58-2657504**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	PRESIDENT
Name	BENDER, JEFF
Address	1 ANTARES DRIVE SUITE 100
City-State-Zip:	OTTAWA ONTARIO K2E 8C4

Title	CFO
Name	RICHARDSON, TODD
Address	1 ANTARES DRIVE SUITE 100
City-State-Zip:	OTTAWA ONTARIO K2E 8C4

Title	DIRECTOR
Name	BENDER, JEFF
Address	1 ANTARES DRIVE SUITE 100
City-State-Zip:	OTTAWA ONTARIO K2E 8C4

Title	SECRETARY
Name	RICHARDSON, TODD
Address	1 ANTARES DRIVE SUITE 100
City-State-Zip:	OTTAWA ONTARIO K2E 8C4

Title	VP, FINANCE
Name	NEALE, AMANDA
Address	1 ANTARES DRIVE SUITE 100
City-State-Zip:	OTTAWA ONTARIO K2E 8C4

Title	CEO
Name	BENDER, JEFF
Address	1 ANTARES DRIVE SUITE 100
City-State-Zip:	OTTAWA ONTARIO K2E 8C4

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: TODD RICHARDSON**SECRETARY****04/15/2024**

Electronic Signature of Signing Officer/Director Detail

Date