

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000002008

Entity Name: PROPEL MEDICAL PC, CORP.**Current Principal Place of Business:**548 MARKET STREET
SUITE 94061
SAN FRANCISCO, CA 94104**Current Mailing Address:**548 MARKET STREET
SUITE 94061
SAN FRANCISCO, CA 94104 US**FEI Number: 83-3973091****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	PRESIDENT/CEO
Name	SHANNON, NANCY JEAN M.D.
Address	548 MARKET STREET SUITE 94061
City-State-Zip:	SAN FRANCISCO CA 94104

Title	TREASURER/CFO
Name	SHANNON, NANCY JEAN M.D.
Address	548 MARKET STREET SUITE 94061
City-State-Zip:	SAN FRANCISCO CA 94104

Title	SECRETARY
Name	SHANNON, NANCY JEAN M.D.
Address	548 MARKET STREET SUITE 94061
City-State-Zip:	SAN FRANCISCO CA 94104

Title	DIRECTOR
Name	SHANNON, NANCY JEAN M.D.
Address	548 MARKET STREET SUITE 94061
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: NANCY JEAN SHANNON M.D.**PRESIDENT/CEO****04/30/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date