

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000001694

Entity Name: SNAPMEDTECH, INC.**Current Principal Place of Business:**1201 PEACHTREE ST., NE BUILDING 400,
SUITE 1800
ATLANTA, GA 30361**Current Mailing Address:**1201 PEACHTREE ST. NE, BUILDING 400,
SUITE 8500 SUITE 1800
ATLANTA, GA 30361-3507 US**FEI Number:** 82-1845669**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 RICHARDS, JEFFREY
Address 675 PONCE DE LEON AVENUE
SUITE 8500
City-State-Zip: ATLANTA GA 30308

Title DIRECTOR
Name MARTIN, KIRK
Address 675 PONCE DE LEON AVENUE
SUITE 8500
City-State-Zip: ATLANTA GA 30308

Title DIRECTOR
Name KLOSS, CHERIE
Address 675 PONCE DE LEON AVENUE
SUITE 8500
City-State-Zip: ATLANTA GA 30308

Title COO
Name RICHARDS, JEFFREY
Address 675 PONCE DE LEON AVENUE
SUITE 8500
City-State-Zip: ATLANTA GA 30308

Title SECRETARY
Name RICHARDS, JEFFREY
Address 675 PONCE DE LEON AVENUE
SUITE 8500
City-State-Zip: ATLANTA GA 30308

Title TREASURER/CFO
Name HAMMOND, SEAN
Address 675 PONCE DE LEON AVENUE
SUITE 8500
City-State-Zip: ATLANTA GA 30308

Title PRESIDENT/CEO
Name KLOSS, CHERIE
Address 675 PONCE DE LEON AVENUE
SUITE 8500
City-State-Zip: ATLANTA GA 30308

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: HAMMOND, SEAN

CFO

02/25/2023

Electronic Signature of Signing Officer/Director Detail

Date