

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006415

Entity Name: GENERAL MEDICAL APPLICATIONS, INC.**Current Principal Place of Business:**2700 SOUTH COMMERCE PARKWAY, SUITE 400
WESTON, FL 33326**Current Mailing Address:**2700 SOUTH COMMERCE PARKWAY, SUITE 400
WESTON, FL 33326 US**FEI Number: 33-0768081****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	RUBINSZTAIN, JOSE D
Address	2700 SOUTH COMMERCE PARKWAY, SUITE 400
City-State-Zip:	WESTON FL 33326

Title	CEO, DIRECTOR
Name	CANE , DANIEL
Address	2700 SOUTH COMMERCE PARKWAY, SUITE 400
City-State-Zip:	WESTON FL 33326

Title	CMO
Name	SHERLING, MICHAEL
Address	2700 SOUTH COMMERCE PARKWAY, SUITE 400
City-State-Zip:	WESTON FL 33326

Title	VP, GENERAL COUNSEL, SECRETARY
Name	FLEISHER , MARK
Address	2700 SOUTH COMMERCE PARKWAY, SUITE 400
City-State-Zip:	WESTON FL 33326

Title	CFO, COO
Name	O'BYRNE , KAREN
Address	2700 SOUTH COMMERCE PARKWAY, SUITE 400
City-State-Zip:	WESTON FL 33326

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: KAREN O'BYRNE**CFO/COO****01/04/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date