

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006415

Entity Name: GENERAL MEDICAL APPLICATIONS, INC.**Current Principal Place of Business:**4850 T-REX AVENUE
SUITE 200
BOCA RATON, FL 33431**Current Mailing Address:**4850 T-REX AVENUE
SUITE 200
BOCA RATON, FL 33431 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 SENIOR EXECUTIVE VP AND
GENERAL COUNSEL, SECRETARY

Name FLEISHER , MARK

Address 4850 T-REX AVENUE
SUITE 200

City-State-Zip: BOCA RATON FL 33431

Title EXECUTIVE VICE PRESIDENT AND
CHIEF FINANCIAL OFFICER

Name SCHEER, MICHELLE

Address 4850 T-REX AVENUE
SUITE 200

City-State-Zip: BOCA RATON FL 33431

Title PRESIDENT, COO

Name HARPAZ, JOSEPH

Address 4850 T-REX AVENUE
SUITE 200

City-State-Zip: BOCA RATON FL 33431

Title CEO, DIRECTOR

Name CANE , DANIEL

Address 4850 T-REX AVENUE
SUITE 200

City-State-Zip: BOCA RATON FL 33431

Title CHIEF MEDICAL AND STRATEGY
OFFICER

Name SHERLING, MICHAEL

Address 4850 T-REX AVENUE
SUITE 200

City-State-Zip: BOCA RATON FL 33431

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: MARK FLEISHER**GENERAL COUNSEL****04/30/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date