

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000004758

**Entity Name:** TESSER HEALTH, INC.

**Current Principal Place of Business:**

1951 NW 7TH AVENUE STE 300  
MIAMI, FL 33136

**Current Mailing Address:**

1951 NW 7TH AVENUE STE 300  
MIAMI, FL 33136 US

**FEI Number:** 47-1142979

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT 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 D,T  
Name KHOSHEVIS, ALI  
Address 1951 NW 7TH AVENUE STE 300  
City-State-Zip: MIAMI FL 33136

Title D  
Name GARDNER, DAVID  
Address 122 E CHATHAM STREET STE 301  
City-State-Zip: CARY NC 27511

Title P  
Name SEECHARAN, RIYAAD  
Address 1951 NW 7TH AVENUE STE 300  
City-State-Zip: MIAMI FL 33136

Title S  
Name LEE, HUMBERTOL  
Address 1951 NW 7TH AVENUE STE 300  
City-State-Zip: MIAMI FL 33136

*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:** RIYAAD SEECHARAN

**MGR**

**03/28/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date