

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000003341

**Entity Name:** HELIX VIRTUAL MEDICINE, INC.

**Current Principal Place of Business:**

3651 FAU BLVD.  
SUITE 400  
BOCA RATON, FL 33431

**Current Mailing Address:**

12 SPOOK RIDGE RD  
UPPER SADDLE RIVER, NJ 07458 US

**FEI Number:** 86-3940627

**Certificate of Status Desired:** No

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

RODRIGUEZ, ROBERT  
2720 10TH AVE NORTH #100  
PALM SPRINGS, FL 33461 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 PST, CEO  
Name RODRIGUEZ, ROBERT  
Address 2720 10TH AVE NORTH  
City-State-Zip: PALM SPRINGS FL 33461

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:** ROBERT RODRIGUEZ

PST CEO

01/19/2023

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

\_\_\_\_\_  
Date