

**2020 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A15000000801

**Entity Name:** MOBB HEALTH CARE USA, LLLP

**Current Principal Place of Business:**

16500 COLLINS AVENUE  
2353  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

16500 COLLINS AVENUE  
2353  
SUNNY ISLES, FL 33160 US

**FEI Number:** 47-5100762

**Certificate of Status Desired:** No

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

GERSHGORIN, KLARA  
16500 COLLINS AVENUE  
2353  
SUNNY ISLES, FL 33160 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

**General Partner Detail :**

Document #		Document #	
Name	GERSHGORIN, FELIX	Name	GERSHGORIN, KLARA
Address	16500 COLLINS AVENUE 2353	Address	16500 COLLINS AVENUE 2353
City-State-Zip:	SUNNY ISLES FL 33160	City-State-Zip:	SUNNY ISLES FL 33160
Document #			
Name	2501712 ONTARIO, INC.		
Address	464 HIDDEN TRAIL		
City-State-Zip:	TORONTO ON CANADA M2R3R8		

*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 a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GERSHGORIN , FELIX

**GENERAL PARTNER**

**06/02/2020**

Electronic Signature of Signing General Partner Detail

Date