

2021 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****04/26/2021**_____
Electronic Signature of Signing General Partner Detail_____
Date