

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000009403

Entity Name: MEDICAL MISSION CALLED TO SERVE, INC.**Current Principal Place of Business:**125 SOUTH STATE ROAD 7 STE 104-230
WELLINGTON, FL 33414**Current Mailing Address:**125 SOUTH STATE ROAD 7 STE 104-230
WELLINGTON, FL 33414 US**FEI Number:** 46-3894645**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHERRON, PERMASHWAR
125 SOUTH STATE ROAD 7 STE 104-230
WELLINGTON, FL 33414 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:** SHERRON PERMASHWAR

04/27/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name HERNANDEZ, JUANA E M.D.
Address 170 MARYLAND AVENUE
City-State-Zip: STATEN ISLAND NY 10305

Title D
Name PERMASHWAR, BALICHAND M.D.
Address 170 MARYLAND AVENUE
City-State-Zip: STATEN ISLAND NY 10305

Title D
Name PERMASHWAR, SHERRON CPA
Address 133 BELLEZZA TERRACE
City-State-Zip: ROYAL PALM BEACH FL 33411

Title D
Name SHUAIB, VIRGEMINA
Address 83 CHESTNUT AVENUE
City-State-Zip: STATEN ISLAND NY 10305

Title D
Name GILIO, ANASTASIA R.N-FNP
Address 116 70TH STREET
City-State-Zip: BROOKLYN NY 11208

Title DIRECTOR
Name MELENDEZ, DIGNA
Address 25 CYPRESS COURT
City-State-Zip: BROOKLYN NY 11208

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHERRON PERMASHWAR**TREASURER**

04/27/2017

Electronic Signature of Signing Officer/Director Detail

Date