2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2016
Secretary of State
CC3648861965

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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 04/27/2016

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 DIRECTOR 04/27/2016

Electronic Signature of Signing Officer/Director Detail — Date