

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N18000010040

**Entity Name:** PREMIER MOBILE HEALTH SERVICES CORPORATION

**FILED**  
**Jun 22, 2022**  
**Secretary of State**  
**1309521278CC**

**Current Principal Place of Business:**

10676 COLONIAL BLVD  
UNIT #20  
FORT MYERS, FL 33913

**Current Mailing Address:**

10676 COLONIAL BLVD  
SUITE 20  
FORT MYERS, FL 33913 US

**FEI Number: 82-5372657**

**Certificate of Status Desired: No**

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

SINGH, NADINE O  
10676 COLONIAL BLVD  
SUITE 20  
FORT MYERS, FL 33913 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 SECRETARY  
Name DECORTE , KATHLEEN  
Address 11662 KATI FALLS LN.,  
City-State-Zip: FORT MYERS FL 33913

Title DIRECTOR  
Name PINTER, AMY  
Address 700 SE 3RD AVE  
City-State-Zip: FT LAUDERDALE FL 33316

Title TREASURER  
Name BUTLER, CYRINE  
Address 719 BERRING AVE S  
City-State-Zip: LEHIGH ACRES FL 33974

Title DIRECTOR  
Name SPEARS, DIANE  
Address 2708 HENDERSON AVE  
City-State-Zip: FT MYERS FL 33916

Title DIRECTOR  
Name DELGADO, ROYCER  
Address 313 SE 19 LN  
City-State-Zip: CAPE CORAL FL 33990

Title DIRECTOR  
Name SMITH, CHAR-NEQUA  
Address 4320 SW 25TH PLACE  
City-State-Zip: CAPE CORAL FL 33914

Title DIRECTOR  
Name KRIEGER, KAREN  
Address 2856 DOUGLAS ST  
City-State-Zip: FORT MYERS FL 33916

Title BOARD OF DIRECTORS, VC  
Name DALEY, SHARLENE  
Address 2811 2ND STREET SW  
City-State-Zip: LEHIGH ACRES FL 33976

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*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: NADINE SINGH**

**CEO**

**06/22/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CHAIRMAN  
Name MELHADO, LOLITA DR.  
Address 12221 TOWNE LAKE DR  
SUITE 108 A  
City-State-Zip: FORT MYERS FL 33913

Title CEO  
Name SINGH, NADINE O  
Address 11654 KATI FALLS LANE  
City-State-Zip: FORT MYERS FL 33913