

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 08, 2023
Secretary of State
4994783989CC

Entity Name: PREMIER MOBILE HEALTH SERVICES CORPORATION

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 SCHORY, SUSAN
Address 5 DOWNING STREE
City-State-Zip: FORT MYERS FL 33919

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 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

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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

03/08/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BHISNAUTH, CHURAMAN
Address 10501 FGCU BOULEVARD SOUTH
City-State-Zip: FORT MYERS FL 33965

Title VICE CHAIR
Name EMMANUEL, MAGARA MD
Address 8490 SUMMER AVE
City-State-Zip: FORT MYERS FL 33908