

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000010040

FILED
Feb 18, 2020
Secretary of State
2600880368CC

Entity Name: PREMIER MOBILE HEALTH SERVICES CORPORATION

Current Principal Place of Business:

3903 MARTIN LUTHER KING BLVD
FT MYERS, FL 33916

Current Mailing Address:

3903 MARTIN LUTHER KING BLVD
FT MYERS, FL 33916 US

FEI Number: 82-5372657

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SINGH, NADINE O
3903 MARTIN LUTHER KING BLVD
FT MYERS, FL 33916 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 P, TREASURER
Name SINGH, NADINE
Address 3903 MARTIN LUTHER KING BLVD
City-State-Zip: FT MYERS FL 33916

Title VP
Name GREEN, KEVIN
Address 18642 AYSHIRE CIR
City-State-Zip: PT CHARLOTTE FL 33948

Title SECRETARY
Name YISRAEL, NYEMAH
Address 29310 PERIOLLI PLACE
City-State-Zip: WESLEY CHAPEL FL 33553

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

Title DIRECTOR
Name VICTOR, DARLYN J
Address 12601 LONSDALE TER.
City-State-Zip: FT MYERS FL 33913

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

Title DIRECTOR
Name TRESGALLO, FRANK
Address 3387 PACIFIC DR
City-State-Zip: NAPLES FL 34119

Title DIRECTOR
Name MITCHELL, LATOYA
Address 3777 CROFTON CT
City-State-Zip: FT MYERS FL 33916

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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 O SINGH

PRESIDENT

02/18/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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 MCMILLION, TRACY
Address 11803 TIMBERMARSH CT
City-State-Zip: FT MYERS FL 33913

Title DIRECTOR
Name HELTON, REGINA W
Address 1600 MANDARIN RD
City-State-Zip: NAPLES FL 34102

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