

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N18000010040

**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:** Yes

**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

**Continues on page 2**

*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

**EXECUTIVE DIRECTOR**

**06/15/2020**

\_\_\_\_\_  
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