

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H78563

**Entity Name:** MOBILE DIAGNOSTICS, INC.

**Current Principal Place of Business:**

1717 N E STREET  
STE 320  
PENSACOLA, FL 32501

**Current Mailing Address:**

1717 N E ST  
STE 320 ATTN: JAN MULLINS  
PENSACOLA, FL 32501 US

**FEI Number:** 59-2864191

**Certificate of Status Desired:** No

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

CALLAHAN, ELIZABETH  
1717 N E STREET  
STE 320  
PENSACOLA, FL 32501 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 PD  
Name PORTER, JOHN  
Address 1717 NORTH E ST STE 320  
City-State-Zip: PENSACOLA FL 32501

Title SECRETARY  
Name CALLAHAN, LIZ  
Address 1717 N E STREET  
STE 320  
City-State-Zip: PENSACOLA FL 32501

Title TREASURER  
Name GLEASON, MIKE  
Address 1717 N E STREET  
STE 320  
City-State-Zip: PENSACOLA FL 32501

Title OTHER  
Name MULLINS, JAN  
Address 1717 N E STREET  
STE 320  
City-State-Zip: PENSACOLA FL 32501

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAN MULLINS

**OTHER**

**03/11/2019**

Electronic Signature of Signing Officer/Director Detail

Date