## 2020 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: ELIZABETH CALLAHAN

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

**FILED** Mar 11, 2020

**Secretary of State** 

5552565360CC

Officer/Director Detail:

Title Title **TREASURER** Name PORTER, JOHN Name GLEASON, MIKE 1717 NORTH E ST STE 320 1717 N E STREET Address Address

STE 320

City-State-Zip: PENSACOLA FL 32501 City-State-Zip: PENSACOLA FL 32501

Title **SECRETARY** Title **OTHER** Name CALLAHAN, LIZ

Name MULLINS, JAN 1717 N E STREET Address Address 1717 N E STREET STE 320

**STE 320** 

PENSACOLA FL 32501

City-State-Zip: 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.

03/11/2020 SIGNATURE: JAN MULLINS EXEC. ASST.