2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2019
Secretary of State
6665711239CC

DOCUMENT# K55221

Entity Name: MEDICAL BUSINESS ENTERPRISES, INC.

Current Principal Place of Business:

2173-A CENTERVILLE PLACE
TALLAHASSEE, FL 32308

Current Mailing Address:

2173-A CENTERVILLE PLACE
TALLAHASSEE, FL 32308

FEI Number: 59-2926150

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, JOSEPH J
2173-A CENTERVILLE PLACE
TALLAHASSEE, FL 32308 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	SD
Name	WARREN, SAMUEL M MD
Address	2173-A CENTERVILLE PLACE
City-State-Zip:	TALLAHASSEE FL 32308

Title	T
Name	WILSON, JOSEPH J
Address	2173-A CENTERVILLE PLACE
City-State-Zip:	TALLAHASSEE FL 32308

Title	PD
Name	CANNELLA, MARK E MD
Address	2173-A CENTERVILLE PLACE
City-State-Zip:	TALLAHASSEE FL 32308

Title	VD
Name	ATWATER, R. JACKSON MD
Address	2173-A CENTERVILLE PLACE
City-State-Zip:	TALLAHASSEE FL 32308

Title	D
Name	TOTTEN, JAMES A MD
Address	2173-A CENTERVILLE PLACE
City-State-Zip:	TALLAHASSEE FL 32308

Title	D
Name	WILHOIT, CHRISTOPHER A MD
Address	2173-A CENTERVILLE PLACE
City-State-Zip:	TALLAHASSEE FL 32308

Title	D
Name	MYERS, JEFFREY A MD
Address	2173-A CENTERVILLE PLACE
City-State-Zip:	TALLAHASSEE FL 32308

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: JOSEPH J. WILSON TREASURER 04/24/2019

Electronic Signature of Signing Officer/Director Detail — Date