

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K90419

**Entity Name:** MARK & KAMBOUR, M.D., P.A.**Current Principal Place of Business:**16250 NW 59TH AVENUE  
BUILDING B SUITE 201  
MIAMI LAKES, FL 33014**Current Mailing Address:**C/O SONIC HEALTHCARE USA  
1355 RIVER BEND DRIVE  
DALLAS, TX 75247 US**FEI Number:** 65-0120269**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVIE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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	PRESIDENT
Name	WALSH, F MICHAEL DR.
Address	1355 RIVER BEND DRIVE
City-State-Zip:	DALLAS TX 75247
Title	VP
Name	HUSSONG, JERRY W MD
Address	12357-A RIATA TRACE PKWY SUITE 210
City-State-Zip:	AUSTIN TX 78727
Title	CFO
Name	WEST, JAMES K.
Address	12357-A RIATA TRACE PKWY SUITE 210
City-State-Zip:	AUSTIN TX 78727

Title	VP
Name	GRATTENDICK, MICHAEL C.
Address	1355 RIVER BEND DRIVE
City-State-Zip:	DALLAS TX 75247
Title	SECRETARY
Name	JOHNSON, KENNETH A.
Address	12357-A RIATA TRACE PKWY SUITE 210
City-State-Zip:	AUSTIN TX 78727
Title	ASST. SECRETARY
Name	ALEXANDER, PAUL J
Address	12357-A RIATA TRACE PKWY SUITE 210
City-State-Zip:	AUSTIN TX 78727

*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: MICHAEL C GRATTENDICK****VICE PRESIDENT****04/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date