## 2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000005143

Entity Name: PHY AMERICA MEDICAL CONSULTING, INC.

**Current Principal Place of Business:** 

2120 BONANZA LANE NORTH PORT. FL 34286

## **Current Mailing Address:**

127 BALSAM DRIVE

WAYNESVILLE, NC 28786 US

FEI Number: 02-0664032 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

NOHREN, ALYSSA SELLS ESQ. 2033 MAIN STREET 6TH FLOOR SARASOTA , FL 34237 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: ALYSSA SELLS NOHREN ESQ. 03/22/2025

Electronic Signature of Registered Agent Date

## Officer/Director Detail:

Title F

Name MASON, CLAUDE J
Address 2120 BONANZA LANE
City-State-Zip: NORTH PORT FL 34286

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: CLAUDE J MASON

Electronic Signature of Signing Officer/Director Detail

PRESIDENT 03/22/2025

FILED Mar 22, 2025

**Secretary of State** 

5661484761CC

Date