#### 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: ATUL SHAH VP

Electronic Signature of Signing Officer/Director Detail

SHAH, ATUL 3120 W HILLSBOROUGH AVE TAMPA, FL 33614 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:

**Officer/Director Detail :** Р Title Title V Name AMIN, MUKUND Name SHAH, ATUL Address 3120 W HILLSBOROUGH AVE Address 3120 W HILLSBOROUGH AVE City-State-Zip: TAMPA FL 33614 City-State-Zip: TAMPA FL 33614

**Current Principal Place of Business:** 3120 W HILLSBOROUGH AVE TAMPA, FL 33614

Entity Name: 24/7 MEDICAL CONSULTING INC

# **Current Mailing Address:**

DOCUMENT# P08000075283

3120 W HILLSBOROUGH AVE TAMPA, FL 33614

## FEI Number: 26-3232685

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Certificate of Status Desired: No

04/26/2020

Date

Date

FILED Apr 26, 2020 Secretary of State 1456057121CC