

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000073406

Entity Name: MY MEDICAL OF SOUTH FLORIDA, INC.**Current Principal Place of Business:**2165 MARAVILLA LANE
FORT MYERS, FL 33901**Current Mailing Address:**2165 MARAVILLA LANE
FORT MYERS, FL 33901**FEI Number: 27-3103421****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OTTEN, NICOLE
2165 MARAVILLA LANE
FORT MYERS, FL 33901 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	P
Name	OUTTEN, NICOLE
Address	2165 MARAVILLA LANE
City-State-Zip:	FORT MYERS FL 33901

Title	D
Name	OUTTEN, JALEN
Address	2165 MARAVILLA LANE
City-State-Zip:	FORT MYERS FL 33901

Title	V
Name	OUTTEN, PHILO
Address	2165 MARAVILLA LANE
City-State-Zip:	FORT MYERS FL 33901

Title	D
Name	OUTTEN, JARYA
Address	2165 MARAVILLA LANE
City-State-Zip:	FORT MYERS FL 33901

Title	D
Name	OUTTEN, JANAY
Address	2165 MARAVILLA LANE
City-State-Zip:	FORT MYERS FL 33901

Title	D
Name	OUTTEN, JAHQUEZ
Address	2165 MARAVILLA LANE
City-State-Zip:	FORT MYERS FL 33901

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: NICOLE OUTTEN**PRESIDENT****04/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date