

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000018858

**Entity Name:** PUBBI MEDICAL SERVICES, P.A.

**Current Principal Place of Business:**

2617 OAKGROVE AVE  
ST AUGUSTINE, FL 32092

**Current Mailing Address:**

2617 OAKGROVE AVE  
ST AUGUSTINE, FL 32092

**FEI Number:** 27-5130670

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PUBBI, DINESH DR.  
2617 OAKGROVE AVE  
ST AUGUSTINE, FL 32092 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:** DINESH PUBBI

04/04/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            DIR  
Name            PUBBI MEDICAL SERVICES, P.A.  
Address        2617 OAKGROVE AVE.  
City-State-Zip: ST. AUGUSTINE FL 32092

Title            DIR  
Name            PUBBI MEDICAL SERVICES, P.A.  
Address        2617 OAKGROVE AVE.  
City-State-Zip: ST. AUGUSTINE FL 32092

*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:** DINESH PUBBI

**DIRECTOR**

04/04/2018

Electronic Signature of Signing Officer/Director Detail

Date