

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000105873

Entity Name: HIMA MIKKILINENI, M.D., P.A.

Current Principal Place of Business:

4953 SE 4TH AVE
OCALA, FL 34480

Current Mailing Address:

4953 SE 4TH AVE
OCALA, FL 34480 US

FEI Number: 45-4098965

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MIKKILINENI, HIMA M.D.
4953 SE 4TH AVE
OCALA, FL 34480 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 MIKKILINENI, HIMA MD
Address 2111 SW 20TH PLACE
City-State-Zip: OCALA FL 34471

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: HIMA MIKKILINENI

PRESIDENT

01/08/2024

Electronic Signature of Signing Officer/Director Detail

Date