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.

PRESIDENT

SIGNATURE: ROBERT A FORINO

Electronic Signature of Signing Officer/Director Detail

Entity Name: NATIONAL MEDICAL ADVISORS, INC

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## Current Principal Place of Business:

13044 COACHMAN DRIVE CHARDON, OH 44024

## **Current Mailing Address:**

13044 COACHMAN DRIVE CHARDON, OH 44024 US

DOCUMENT# P12000091007

#### FEI Number: 46-1358150

# Name and Address of Current Registered Agent:

FORINO, ROBERT A 13044 COACHMAN DRIVE CHARDON, FL 44024 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

## Officer/Director Detail :

Title	Р	Title	S
Name	FORINO, ROBERT A	Name	FORINO, LISA C
Address	13044 COACHMAN DRIVE	Address	13044 COACHMAN DRIVE
City-State-Zip:	CHARDON OH 44024	City-State-Zip:	CHARDON OH 44024

0988871592CC

FILED Apr 08, 2021

Certificate of Status Desired: No

Date

04/08/2021