f Business:	
)	
	Certificate of Status Desired: No
rent Registered Agent:	
tatement for the purpose of changing its registered offic	e or registered agent, or both, in the State of Florida.
tatement for the purpose of changing its registered offic	e or registered agent, or both, in the State of Florida. 04/30/2022
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IBOSE	04/30/2022
IBOSE ature of Registered Agent	04/30/2022 Date
IBOSE ature of Registered Agent Title	04/30/2022 Date ST IBRAHIM, JEAN
IBOSE ature of Registered Agent GE W Name HILL ROAD Addres	04/30/2022 Date ST IBRAHIM, JEAN
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IBOSE ature of Registered Agent GE W Name HILL ROAD Addres 3870 City-St	O4/30/2022 Date ST IBRAHIM, JEAN IS 3327 MEDICAL HILL ROAD
	rent Registered Agent:

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: IBRAHIM ALASTAIR

Electronic Signature of Signing Officer/Director Detail

04/30/2022 Date

FILED Apr 30, 2022

Secretary of State

9259291396CC

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000103155

Entity Name: CENTRAL FLORIDA MEDICAL AND DIAGNOSTIC CLINIC, P.A.

Current Principal Place of Business: