

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000062311

**Entity Name:** MEDICAID EXCEL, INC.

**Current Principal Place of Business:**

4770 BISCAYNE BLVD.  
1400  
MIAMI, FL 33137

**Current Mailing Address:**

4770 BISCAYNE BLVD.  
1400  
MIAMI, FL 33137

**FEI Number:** 84-2686405

**Certificate of Status Desired:** No

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

EISNER, ZACHARY  
4770 BISCAYNE BLVD.  
1400  
MIAMI, FL 33137 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 D  
Name JOSEPH, MIKE  
Address 4770 BISCAYNE BLVD.  
City-State-Zip: MIAMI FL 33137

Title D  
Name BROWN, RICK  
Address 4770 BISCAYNE BLVD.  
City-State-Zip: MIAMI FL 33137

Title D  
Name EISNER, ZACHARY  
Address 4770 BISCAYNE BLVD. 1400  
City-State-Zip: MIAMI FL 33137

*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:** MIKE JOSEPH

D

04/11/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date