

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000044619

**Entity Name:** DISPATCHHEALTH-FLORIDA, INC.

**Current Principal Place of Business:**

3825 N LAFAYETTE ST  
DENVER, CO 80205

**Current Mailing Address:**

3825 N. LAFAYETTE ST  
DENVER, CO 80205 US

**FEI Number: 85-1524645**

**Certificate of Status Desired: Yes**

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

CAPITOL CORPORATE SERVICES, INC.  
515 E. PARK AVENUE  
2ND FLOOR  
TALLAHASSEE, FL 32301 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            PRESIDENT, DIRECTOR  
Name            MONTECALVO, RAYMOND MD  
Address        3825 N. LAFAYETTE STREET  
City-State-Zip: DENVER CO 80205

Title            SECRETARY  
Name            PRATHER, MARK HARRISON MD  
Address        1326 MILWAUKEE ST  
City-State-Zip: DENVER CO 80206

*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: RAYMOND MONTECALVO, MD**

**PRESIDENT**

**02/07/2023**

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

\_\_\_\_\_  
Date