

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000055766

**Entity Name:** PEPPY MEDICAL, P.A.

**Current Principal Place of Business:**

511 AVE OF THE AMERICAS  
UNIT #967  
NEW YORK, NY 10011

**Current Mailing Address:**

511 AVE OF THE AMERICAS  
UNIT #967  
NEW YORK, NY 10011 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PALMNTATION FL 33324 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  
Name            FOSTER, APRIL NICOLE D.O.  
Address        511 AVE OF THE AMERICAS  
                  UNIT #967  
City-State-Zip: NEW YORK NY 10011

Title            TREASURER  
Name            FOSTER, APRIL NICOLE D.O.  
Address        511 AVE OF THE AMERICAS  
                  UNIT #967  
City-State-Zip: NEW YORK NY 10011

Title            SECRETARY  
Name            GIRAULT, NICOLE NAVARRE  
Address        511 AVE OF THE AMERICAS  
                  UNIT #967  
City-State-Zip: NEW YORK NY 10011

Title            DIRECTOR  
Name            FOSTER, APRIL NICOLE D.O.  
Address        511 AVE OF THE AMERICAS  
                  UNIT #967  
City-State-Zip: NEW YORK NY 10011

*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: APRIL NICOLE FOSTER D.O.**

**PRESIDENT**

**04/13/2024**

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

\_\_\_\_\_  
Date