

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
PALM TATION 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