

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000092121

Entity Name: PREFERRED MEDICAL SOLUTIONS, INC.

Current Principal Place of Business:

8963 SW 52ND STREET
COOPER CITY, FL33328
COOPER CITY, FL 33328

Current Mailing Address:

8963 SW 52ND STREET
COOPER CITY, FL33328
COOPER CITY, FL 33328 US

FEI Number: 59-3604340

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASTAFAN, NICHOLAS J
8963 SW 52ND STREET
COOPER CITY, FL33328
COOPER CITY, FL 33328 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: NICHOLAS J ASTAFAN

01/10/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name ASTAFAN, NICHOLAS J
Address 8963 SW 52ND STREET
COOPER CITY, FL33328
City-State-Zip: COOPER CITY FL 33328

Title OFFICER
Name ASTAFAN, CHARLES G
Address 5140 SIESTA WOODS DR.
City-State-Zip: SARASOTA FL 34242-1557

Title EXECUTIVE SECRETARY
Name QUINONES, HILDA
Address 8963 SW 52ND STREET
COOPER CITY, FL33328
City-State-Zip: COOPER CITY FL 33328

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: NICHOLAS J ASTAFAN

PRESIDENT

01/10/2024

Electronic Signature of Signing Officer/Director Detail

Date