

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000000804

Entity Name: KNOWLEDGE HEALTH MEDICAL SERVICES, P.C. INC.

Current Principal Place of Business:

387 PARK AVENUE SOUTH
9TH FLOOR
NEW YORK, NY 10016

Current Mailing Address:

387 PARK AVENUE SOUTH
9TH FLOOR
NEW YORK, NY 10016 US

FEI Number: 83-2925394

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC.
115 N CALHOUN ST, STE 4
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 SECRETARY, OWNER, DIRECTOR
Name MORLEY, M.D., DAVID
Address 387 PARK AVENUE SOUTH
9TH FLOOR
City-State-Zip: NEW YORK NY 10016

Title TREASURER, OWNER, DIRECTOR
Name BREWER, DR THOMAS FORDHAM
Address 387 PARK AVENUE SOUTH
9TH FLOOR
City-State-Zip: NEW YORK NY 10016

Title PRESIDENT, OWNER, DIRECTOR
Name BROWN, NEIL MD
Address 387 PARK AVENUE SOUTH
9TH FLOOR
City-State-Zip: NEW YORK NY 10016

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: NEIL BROWN, MD

**PRESIDENT, OWNER,
DIRECTOR,**

04/22/2025

Electronic Signature of Signing Officer/Director Detail

Date