

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000000934

**Entity Name:** CONCEPT MEDICAL INC.

**Current Principal Place of Business:**

5600 MARINER ST STE 200  
TAMPA, FL 33609

**Current Mailing Address:**

5600 MARINER ST STE 200  
TAMPA, FL 33609

**FEI Number:** 26-2913596

**Certificate of Status Desired:** No

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

BAALS, ADAM  
5600 MARINER ST STE 200  
TAMPA, FL 33609 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 D  
Name DOSHI, MANISHKUMAR  
Address 5600 MARINER ST STE 200  
City-State-Zip: TAMPA FL 33609

Title D  
Name CUNHA NETO, MELCHIADES  
Address 5600 MARINER ST STE 200  
City-State-Zip: TAMPA FL 33609

Title S  
Name MOREIRA, ALEXANDER M  
Address 5600 MARINER ST STE 200  
City-State-Zip: TAMPA FL 33609

Title DIRECTOR  
Name PATEL, KIRAN DR.  
Address 5600 MARINER ST  
200  
City-State-Zip: TAMPA FL 33609

*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:** DR. KIRAN PATEL

**DIRECTOR**

**04/25/2024**

Electronic Signature of Signing Officer/Director Detail

Date