# 2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F23000003158

Entity Name: JANUS HEALTHCARE PARTNERS INC.

#### **Current Principal Place of Business:**

56 DEPOT ST., STE. 1847 DUXBURY, MA 02331

## **Current Mailing Address:**

56 DEPOT ST., STE. 1847 DUXBURY, MA 02331 US

# FEI Number: 88-0751673

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

### Certificate of Status Desired: Yes

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

#### **Officer/Director Detail :**

Title	PDST	Title	CEO
Name	TCHEREPNIN, NICHOLAS	Name	TCHEREPNIN, NICHOLAS
Address	56 DEPOT ST., STE. 1847	Address	56 DEPOT ST., STE. 1847
City-State-Zip:	DUXBURY MA 02331	City-State-Zip:	DUXBURY MA 02331
Title	D	Title	D
Name	CLARKE, RICHARD PHD	Name	CIECHANOWSKI, PAUL MD
Hamo	OLANNE, MOHAND THD	Name	CIECHANOWSKI, FAUL MD
Address	56 DEPOT ST., STE. 1847	Address	56 DEPOT ST., STE. 1847

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 TCHEREPNIN

CEO

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Apr 27, 2024 Secretary of State 7264549462CC

Date