

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N09000007690

Entity Name: INTERNATIONAL MEDICAL OUTREACH, INC

Current Principal Place of Business:

4000 CENTRAL FLORIDA BLVD
OFFICE OF STUDENT INVOLVEMENT
ORLANDO, FL 32816

Current Mailing Address:

PO BOX 781823
ORLANDO, FL 32878 US

FEI Number: 27-2790647

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OLIVEIRA, STEPHANIE
10968 56TH LANE
PINELLAS PARK, FL 33782 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: STEPHANIE OLIVEIRA

06/19/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CHANDRASEKARAN, RITESH
Address PO BOX 781823
City-State-Zip: ORLANDO FL 32878

Title VP
Name KAPADIA, SAHIL
Address PO BOX 781823
City-State-Zip: ORLANDO FL 32878

Title TREASURER
Name OLIVEIRA, STEPHANIE
Address PO BOX 781823
City-State-Zip: ORLANDO FL 32878

Title SECRETARY
Name YAMANI, SAFWAN
Address PO BOX 781823
City-State-Zip: ORLANDO FL 32878

Title PRESIDENTIAL ADVISOR
Name VIEIRA, LUCAS
Address PO BOX 781823
City-State-Zip: ORLANDO FL 32878

Title SERGEANT AT ARMS
Name ZAMOR, MULER
Address PO BOX 781823
City-State-Zip: ORLANDO FL 32878

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHANIE OLIVEIRA

06/19/2021

Electronic Signature of Signing Officer/Director Detail

Date