

2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N12000008274

Entity Name: OPERATION MEDICAL CARE, INC.**Current Principal Place of Business:**9462 GREENLEIGH COURT
NAPLES, FL 34120**Current Mailing Address:**9462 GREENLEIGH COURT
NAPLES, FL 34120 US**FEI Number:** 30-0745862**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COX, SHARLENE
9462 GREENLEIGH COURT
NAPLES, FL 34120 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:** SHARLENE COX

04/28/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name PETER, JOSEPH PHILIP
Address 9462 GREENLEIGH COURT
City-State-Zip: NAPLES FL 34120

Title D
Name COX, SHARLENE
Address 9462 GREENLEIGH COURT
City-State-Zip: NAPLES FL 34120

Title D
Name PHILIP, ALEXANDER
Address 4586 LUMINARY AVE
City-State-Zip: NAPLES FL 34120

Title D
Name PETER, BERNADINE
Address 9462 GREENLEIGH COURT
City-State-Zip: NAPLES FL 34120

Title OFFICER
Name CHRISTOPHER, INDUMATHI
Address 2921 MURRAY LANE
City-State-Zip: CRESTVIEW FL 32539

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: BERNADINE PETER

OFFICER

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date