# **2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000004203

Entity Name: CHARITABLE MEDICAL MISSIONS INC.

FILED
Apr 30, 2018
Secretary of State
CC4107051118

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

9803 OLD ST AUGUSTINE RD SUITE 1 JACKSONVILLE, FL 32257

# **Current Mailing Address:**

9803 OLD ST AUGUSTINE RD SUITE 1 JACKSONVILLE, FL 32257 US

FEI Number: 46-5593610 Certificate of Status Desired: No

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

HASSAN, MAJED B MD 9803 OLD ST AUGUSTINE RD SUITE 1 JACKSONVILLE, FL 32257 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: MAJED HASSAN 04/30/2018

Electronic Signature of Registered Agent Date

### Officer/Director Detail:

Title B

Name HASSAN, MAJED B MD

Address 9803 OLD ST AUGUSTINE RD

SUITE 1

City-State-Zip: JACKSONVILLE FL 32257

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: MAJED HASSAN DIRECTOR 04/30/2018