

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J51032

Entity Name: GH MEDICAL SERVICES, INC.**Current Principal Place of Business:**3599 UNIVERSITY BLVD. SOUTH
JACKSONVILLE, FL 32216**Current Mailing Address:**3599 UNIVERSITY BLVD. SOUTH
JACKSONVILLE, FL 32216 US**FEI Number:** 59-2742895**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**URS AGENTS, LLC
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312 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 DCP
Name BAER, DOUGLAS M
Address 3599 UNIVERSITY BLVD. S.
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name SERKIN, HOWARD C
Address 3599 UNIVERSITY BLVD. SOUTH
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR, SECRETARY,
TREASURER, VP
Name TABOR, J. BRITTON
Address 3599 UNIVERSITY BLVD. SOUTH
City-State-Zip: JACKSONVILLE FL 32216

Title VP, DIRECTOR
Name ROBERTS, KRIS
Address 3599 UNIVERSITY BLVD. SOUTH
City-State-Zip: JACKSONVILLE FL 32216

Title VP, DIRECTOR
Name DERIENZO, VICTOR
Address 3599 UNIVERSITY BLVD. SOUTH
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name MANN, ERIC
Address 3599 UNIVERSITY BLVD. SOUTH
City-State-Zip: JACKSONVILLE FL 32216

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: DOUGLAS M. BAER**CHAIRMAN****04/19/2023**

Electronic Signature of Signing Officer/Director Detail

Date