

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000112088

**Entity Name:** MDSPOTS, INC.

**Current Principal Place of Business:**

633 TACOMA DR  
CLARKSVILLE, TN 37043

**Current Mailing Address:**

633 TACOMA DR  
CLARKSVILLE, TN 37043 US

**FEI Number:** 03-0488537

**Certificate of Status Desired:** No

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

SHENKMAN, BENJAMIN P. ESQ.  
GONZALEZ, SHENKMAN & BUCKSTEIN, P.L.  
1035 S. STATE ROAD 7, SUITE 312  
WELLINGTON, FL 33414 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	VSTD	Title	P
Name	INGA, ALISON M.	Name	INGA, ALISON M.
Address	633 TACOMA DR	Address	633 TACOMA DR
City-State-Zip:	CLARKSVILLE TN 37043	City-State-Zip:	CLARKSVILLE TN 37043

*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:** ALISON M INGA

**PRESIDENT**

**01/27/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date