

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000024765

Entity Name: ADVANCED HOSPITALIST SERVICE, INC.

Current Principal Place of Business:

301 MEMORIAL MEDICAL PARKWAY
DAYTONA BEACH, FL 32117

Current Mailing Address:

26 ASHFORD LAKES DRIVE
ORMOND BEACH, FL 32174 US

FEI Number: 20-0677485

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARISEL, ALEMAN
270 N. US HWY 1
ORMOND BEACH, FL 32174 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 PSD
Name KAYYAL, MAZHAR
Address P O BOX 730426
City-State-Zip: ORMOND BEACH FL 32173-0426

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: MAZHAR KAYYAL

PSD

02/09/2025

Electronic Signature of Signing Officer/Director Detail

Date