

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000000343

**Entity Name:** AMERI MINDCARE PA

**Current Principal Place of Business:**

3389 W. VINE ST  
SUITE 304  
KISSIMMEE, FL 34741

**Current Mailing Address:**

3389 W. VINE ST  
SUITE 304  
KISSIMMEE, FL 34741

**FEI Number:** 20-4031755

**Certificate of Status Desired:** No

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

MAKKENA, RAMARAO  
8949 HERITAGE BAY CIR  
ORLANDO, FL 32836 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 P  
Name MAKKENA, RAMARAO  
Address 8949 HERITAGE BAY CIR  
City-State-Zip: ORLANDO FL 32836

*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:** RAMARAO MAKKENA

**PRESIDENT**

**04/11/2017**

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

\_\_\_\_\_  
Date