

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000020486

Entity Name: MOBILE PHYSICIAN SERVICES, INC.

Current Principal Place of Business:

6804 CECELIA DRIVE
NEW PORT RICHEY, FL 34653-4935

Current Mailing Address:

6804 CECELIA DRIVE
NEW PORT RICHEY, FL 34653-4935 US

FEI Number: 20-4278037

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHESTNUT BUSINESS SERVICES, LLC
311 PARK PLACE BOULEVARD
SUITE 300
CLEARWATER, FL 33759 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: MICHAEL A. IGEL

04/10/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, SECRETARY,
 TREASURER, DIRECTOR
Name WACKSMAN, JEFFREY L
Address 6804 CECELIA DRIVE
City-State-Zip: NEW PORT RICHEY FL 34653-4935

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: WACKSMAN, JEFFREY L

PRESIDENT

04/10/2025

Electronic Signature of Signing Officer/Director Detail

Date