

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000073336

**Entity Name:** CMCC MEDICAL, P.A.

**Current Principal Place of Business:**

542 NATURES WAY  
WEST MELBOURNE, FL 32904

**Current Mailing Address:**

542 NATURES WAY  
WEST MELBOURNE, FL 32904 US

**FEI Number:** 27-3476965

**Certificate of Status Desired:** No

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

COBBOLD, CHRISTIAN  
542 NATURES WAY  
WEST MELBOURNE, FL 32904 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 PST  
Name COBBOLD, CHRISTIAN  
Address 542 NATURES WAY  
City-State-Zip: WEST MELBOURNE FL 32904

*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:** CHRISTIAN COBBOLD

**PRESIDENT**

**02/24/2024**

Electronic Signature of Signing Officer/Director Detail

Date