

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000104476

**Entity Name:** ELYAMAN MEDICAL SERVICES, P.A.

**Current Principal Place of Business:**

10230 SW 86TH CIRCLE  
UNIT 200  
OCALA, FL 34481

**Current Mailing Address:**

6041 SW 54TH STREET  
SUITE 200  
OCALA, FL 34474 US

**FEI Number:** 46-1663011

**Certificate of Status Desired:** No

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

ELYAMAN, WALEED  
6041 SW 54TH STEET  
SUITE 200  
OCALA, FL 34474 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 ELYAMAN, WALEED  
Address 6041 SW 54TH STREET  
SUITE 200  
City-State-Zip: Ocala FL 34474

*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:** WALEED ELYAMAN

**OWNER**

**04/30/2021**

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

\_\_\_\_\_ Date