

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000104476

Entity Name: ELYAMAN MEDICAL SERVICES PA

Current Principal Place of Business:

7350 SW 60TH AVE
SUITE 2
OCALA, FL 34476

Current Mailing Address:

7350 SW 60TH AVE
SUITE 2
OCALA, FL 34476 US

FEI Number: 46-1663011

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ELYAMAN, WALEED
7350 SW 60TH AVE
SUITE 2
OCALA, FL 34476 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 7350 SW 60TH AVE
SUITE 2
City-State-Zip: Ocala FL 34476

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

DIRECTOR

01/17/2017

Electronic Signature of Signing Officer/Director Detail

Date