

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000104476

Entity Name: ELYAMAN MEDICAL SERVICES, P.A.

Current Principal Place of Business:

1720 SE 16TH AVENUE
SUITE 304
OCALA, FL 34471

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
1720 SE 16TH AVENUE
SUITE 304
OCALA, FL 34471 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 1720 SE 16TH AVENUE
SUITE 304
City-State-Zip: Ocala FL 34471

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

03/17/2025

Electronic Signature of Signing Officer/Director Detail

Date