

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000040164

Entity Name: MEDICAL PROVIDER PA-C CORPROATION

Current Principal Place of Business:

10480 SW STEPHANIE WAY
APT 3-204
PORT SAINT LUCIE , FL 34987

Current Mailing Address:

10480 SW STEPHANIE WAY
APT 3-204
PORT SAINT LUCIE, FL 34987 US

FEI Number: 47-1304622

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WADE, NATHAN L
10480 SW STEPHANIE WAY
APT 3-204
PORT SAINT LUCIE, FL 34987 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: NATHAN WADE

03/15/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIR
Name WADE, NATHAN
Address 10480 SW STEPHANIE WAY
 APT 3-204
City-State-Zip: PORT SAINT LUCIE FL 34987

Title VP
Name WADE, SOFIA
Address 10480 SW STEPHANIE WAY
 APT 3-204
City-State-Zip: PORT SAINT LUCIE FL 34987

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: NATHAN WADE

PRESIDENT

03/15/2021

Electronic Signature of Signing Officer/Director Detail

Date