

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000048559

Entity Name: MEDICAL STUDIO INC**Current Principal Place of Business:**MEDICAL STUDIO INC
4304 PLAZA GATE LN S 101
JACKSONVILLE, FL 32217**Current Mailing Address:**MEDICAL STUDIO INC.
4304 PLAZA GATE LN S 101
JACKSONVILLE, FL 32217 US**FEI Number:** 47-4215784**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MENCZELESZ, GABOR
MEDICAL STUDIO INC
4304 PLAZA GATE LN S 101
JACKSONVILLE, FL 32217 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:** GABOR MENCZELESZ

03/05/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRES
Name	MENCZELESZ, GABOR
Address	MEDICAL STUDIO INC. 4304 PLAZA GATE LN S 101
City-State-Zip:	JACKSONVILLE FL 32217

Title	VP
Name	GRUMBERG, LANA
Address	MEDICAL STUDIO INC. 4304 PLAZA GATE LN S 101
City-State-Zip:	JACKSONVILLE FL 32217

Title	DIRECTOR
Name	GRUMBERG, MARINA
Address	MEDICAL STUDIO INC. 4304 PLAZA GATE LN S 101
City-State-Zip:	JACKSONVILLE FL 32217

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: GABOR MENCZELESZ

PRESIDENT

03/05/2023

Electronic Signature of Signing Officer/Director Detail

Date