

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000080647

**Entity Name:** MOHSARTHEALTHCARE, INC.

**Current Principal Place of Business:**

4400 BAYOU BLVD.  
STE. 12A  
PENSACOLA, FL 32503

**Current Mailing Address:**

4400 BAYOU BLVD.  
STE. 12A  
PENSACOLA, FL 32503 US

**FEI Number:** 47-5248459

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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	CFO & CO-FOUNDER	Title	PRESIDENT & CO-FOUNDER
Name	HENGHOLD, MICHELLE	Name	ANDERSEN, NIELS K
Address	530 FONTAINE STREET	Address	4400 BAYOU BLVD. STE. 12A
City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	PENSACOLA FL 32503

Title CHIEF MEDICAL OFFICER & CO-FOUNDER  
 Name HENGHOLD, WILL  
 Address 530 FONTAINE STREET  
 City-State-Zip: PENSACOLA FL 32503

*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:** NIELS K ANDERSEN, II

**PRESIDENT & CO-FOUNDER**

**02/01/2017**

Electronic Signature of Signing Officer/Director Detail

Date