

2016 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 P
Name HENGHOLD, MICHELLE
Address 530 FONTAINE STREET
City-State-Zip: PENSACOLA FL 32503

Title CFO
Name HENGHOLD, MICHELLE
Address 530 FONTAINE STREET
City-State-Zip: PENSACOLA FL 32503

Title PRESIDENT
Name ANDERSEN, NIELS K
Address 4400 BAYOU BLVD. STE. 12A
City-State-Zip: PENSACOLA FL 32503

Title D
Name ANDERSEN, NIELS K
Address 4400 BAYOU BLVD. STE. 12A
City-State-Zip: PENSACOLA FL 32503

Title D
Name HENGHOLD, WILL
Address 530 FONTAINE STREET
City-State-Zip: PENSACOLA FL 32503

Title D
Name HENGHOLD, MICHELLE
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 ANDERSEN

PRESIDENT

04/30/2016

Electronic Signature of Signing Officer/Director Detail

Date