

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000012147

Entity Name: RIGHTPATIENT INC**Current Principal Place of Business:**3424 PEACHTREE ROAD NE FLOOR 22,
SUITE 64
ATLANTA, GA 30326**Current Mailing Address:**3424 PEACHTREE ROAD NE FLOOR 22,
SUITE 64
ATLANTA, GA 30326 US**FEI Number:** 47-3577353**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ALAM, MOHAMMAD F
4060 W. SILVERADO CIR.
DAVIE, FL 33024 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	CEO
Name	SULTANA, KHONDKER
Address	3424 PEACHTREE ROAD NE FLOOR 22, SUITE 64
City-State-Zip:	ATLANTA GA 30326

Title	DIRECTOR
Name	TRADER, MICHAEL
Address	3424 PEACHTREE ROAD NE FLOOR 22, SUITE 64
City-State-Zip:	ATLANTA GA 30326

Title	DIRECTOR
Name	RAHMAN, MIZAN
Address	3424 PEACHTREE ROAD NE FLOOR 22, SUITE 64
City-State-Zip:	ATLANTA GA 30326

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: KHONDKER SULTANA

CEO

01/12/2023

Electronic Signature of Signing Officer/Director Detail_____
Date