

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000101255

**Entity Name:** MUJ HEALTH SERVICES INC

**Current Principal Place of Business:**

4963 SW 166 AVE  
MIRAMAR, FL 33027

**Current Mailing Address:**

4963 SW 166 AVE  
MIRAMAR, FL 33027 US

**FEI Number: 82-3879126**

**Certificate of Status Desired: No**

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

JEAN, MURIELLE  
4963 SW 166 AVE  
MIRAMAR, FL 33027 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 JEAN, MURIELLE  
Address 4963 SW 166 AVE  
City-State-Zip: MIRAMAR FL 33027

*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: JEAN MURIELLE**

**PRESIDENT**

**02/04/2023**

Electronic Signature of Signing Officer/Director Detail

Date