

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000031126

Entity Name: A & B MEDICAL INTEGRATED CARE INC**Current Principal Place of Business:**1500 N. UNIVERSITY DR
STE 202
CORAL SPRINGS, FL 33071**Current Mailing Address:**1222 NW 141ST AVENUE
PEMBROKE PINES, FL 33028 US**FEI Number:** 82-5212790**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UKKEN, BOBY J
1222 NW 141ST AVENUE
PEMBROKE PINES, FL 33028 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	Title	VP
Name	UKKEN, BOBY J P	Name	NARIKKATTU, AGNES ABRAHAM
Address	1222 NW 141ST AVENUE	Address	1222 NW 141ST AVENUE
City-State-Zip:	PEMBROKE PINES FL 33028	City-State-Zip:	PEMBROKE PINES FL 33028
Title	DIRECTOR		
Name	PUTHUSSEY, ANNES JOSEPH		
Address	1222 NW 141ST AVENUE		
City-State-Zip:	PEMBROKE PINES FL 33028		

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: BOBY J UKKEN

PRESIDENT

01/30/2023

Electronic Signature of Signing Officer/Director Detail

Date