

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000089228

Entity Name: MED EXCELLENCE, INC.**Current Principal Place of Business:**1033 HIGHWAY 6 WEST
OXFORD, MS 38655**Current Mailing Address:**PO BOX 1640
OXFORD, MS 38655 US**FEI Number:** 83-2323403**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JONES, ADRIANA E
1520 NE 105TH LANE
ANTHONY, FL 32617 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	JONES, DIANA W	Name	JONES, ADRIANA E
Address	1520 NE 105TH LANE	Address	1520 NE 105TH LANE
City-State-Zip:	ANTHONY FL 32617	City-State-Zip:	ANTHONY FL 32617
Title	TREASURER		
Name	BRANCH, CHARLES A		
Address	1033 HIGHWAY 6 WEST		
City-State-Zip:	OXFORD MS 38655		

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: CHARLES A. BRANCH

TREASURER

07/07/2021

Electronic Signature of Signing Officer/Director Detail_____
Date