## 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000042546

Entity Name: MOAB HEALTHCARE, INC.

**Current Principal Place of Business:** 

6619 SOUTH DIXIE HIGHWAY SUITE 252

MIAMI, FL 33143

## **Current Mailing Address:**

6380 SW 144TH STREET SUITE 252 CORAL GABLES, FL 33158 US

FEI Number: 84-1753852 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BOYETTE, JAMES 6619 SOUTH DIXIE HIGHWAY SUITE 252 MIAMI, FL 33143 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

FILED Jun 11, 2020

**Secretary of State** 

5158691215CC

## Officer/Director Detail:

Title D Title D

Name BOYETTE, JAMES Name FLOWERS, STEPHEN

Address 6619 SOUTH DIXIE HIGHWAY, SUITE Address 6619 SOUTH DIXIE HIGHWAY, SUITE

252

**DIRECTOR** 

City-State-Zip: MIAMI FL 33143 City-State-Zip: MIAMI FL 33143

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.

Electronic Signature of Signing Officer/Director Detail