

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000042546

**Entity Name:** MOAB HEALTHCARE, INC.

**Current Principal Place of Business:**

78 SW 7TH ST  
SUITE 500  
MIAMI, FL 33130

**Current Mailing Address:**

78 SW 7TH ST  
SUITE 500  
MIAMI, FL 33130 US

**FEI Number:** 84-1753852

**Certificate of Status Desired:** No

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

BOYETTE, JAMES  
78 SW 7TH ST  
SUITE 500  
MIAMI, FL 33130 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            DIR  
Name            BOYETTE, JAMES  
Address        78 SW 7TH ST  
                  SUITE 500  
City-State-Zip: MIAMI 33130

Title            DIR  
Name            FLOWERS, STEPHEN  
Address        78 SW 7TH ST  
                  SUITE 500  
City-State-Zip: MIAMI 33130

*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:** JAMES BOYETTE

**PRESIDENT**

**04/14/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date