

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000068873

Entity Name: MAXIMON HEALTHCARE CORP

Current Principal Place of Business:

1000 5TH STREET
SUITE 200
MIAMI BEACH, FL 33139

Current Mailing Address:

1000 5TH STREET
SUITE 200
MIAMI BEACH, FL 33139 US

FEI Number: 84-2986602

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADUSUMILLI, NAVEEN
1000 5TH STREET
SUITE 200
MIAMI BEACH, FL 33139 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 ADUSUMILLI, NAVEEN
Address 143 TERRACE CT
City-State-Zip: AUSTIN TX 78737

Title VP
Name ARULRAJ, IGNATIUS
Address 143 TERRACE CT
City-State-Zip: AUSTIN TX 78737

Title VP
Name JEYAPRAKASH, ARUL
Address 143 TERRACE CT
City-State-Zip: AUSTIN TX 78737

Title SEC
Name PANANGADAN, SHANTHA
Address 143 TERRACE CT
City-State-Zip: AUSTIN TX 78737

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: NAVEEN ADUSUMILLI

PRESIDENT

06/30/2020

Electronic Signature of Signing Officer/Director Detail

Date