

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000000230

Entity Name: MED EXCEL CLINIC, P.A.

Current Principal Place of Business:

809 WESTMERE AVENUE
SUITE A
CHARLOTTE, NC 28208

Current Mailing Address:

809 WESTMERE AVENUE
SUITE A
CHARLOTTE, NC 28208 US

FEI Number: 84-4143131

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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,D
Name FOTINOS, PETER C
Address 8133 ARDREY KELL ROAD
City-State-Zip: CHARLOTTE NC 28277

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: PETER FOTINOS

PRESIDENT

04/03/2024

Electronic Signature of Signing Officer/Director Detail

Date