

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000073793

**Entity Name:** MOBILE MEDICAL HEALTHCARE, P.A.

**Current Principal Place of Business:**

35 WEST 35TH STREET 5TH FLOOR  
NEW YORK, NY 10001

**Current Mailing Address:**

35 W 35TH ST  
5TH FLOOR  
NEW YORK, NY 10001 US

**FEI Number:** 88-3642627

**Certificate of Status Desired:** No

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

BUSINESS FILINGS INCORPORATED  
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:** CHRIS DAS

04/04/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MERLIN, MARK  
Address 55 LANE RD SUITE 300  
City-State-Zip: FAIRFIELD NJ 07004

Title PRESIDENT  
Name MERLIN, MARK  
Address 55 LANE RD SUITE 300  
City-State-Zip: FAIRFIELD NJ 07004

Title SECRETARY  
Name MERLIN, MARK  
Address 55 LANE RD SUITE 300  
City-State-Zip: FAIRFIELD NJ 07004

Title TREASURER  
Name MERLIN, MARK  
Address 55 LANE RD SUITE 300  
City-State-Zip: FAIRFIELD NJ 07004

*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:** MARK MERLIN

PRESIDENT

04/04/2023

Electronic Signature of Signing Officer/Director Detail

Date