

2023 FLORIDA PROFIT CORPORATION AMENDED 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

10/20/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	POWELL, M.D., JAMES R.
Address	35 WEST 35TH STREET, 6TH FLOOR
City-State-Zip:	NEW YORK NY 10001

Title	SECRETARY
Name	POWELL, M.D., JAMES R.
Address	35 WEST 35TH STREET, 6TH FLOOR
City-State-Zip:	NEW YORK NY 10001

Title	PRESIDENT
Name	POWELL, M.D., JAMES R.
Address	35 WEST 35TH STREET, 6TH FLOOR
City-State-Zip:	NEW YORK NY 10001

Title	CEO
Name	POWELL, M.D., JAMES R.
Address	35 W 35TH ST, 6TH FLOOR, SUITE 300
City-State-Zip:	NEW YORK NY 10001

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 R. POWELL, M.D.

PRESIDENT

10/20/2023

Electronic Signature of Signing Officer/Director Detail

Date