

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000077167

**Entity Name:** MDS HEALTHCARE INC.

**Current Principal Place of Business:**

7501 BLUE HERON WAY  
WEST PALM BEACH, FL 33412

**Current Mailing Address:**

7501 BLUE HERON WAY  
WEST PALM BEACH, FL 33412 US

**FEI Number:** 85-3363762

**Certificate of Status Desired:** Yes

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

SIEGLER, MARK  
7501 BLUE HERON WAY  
WEST PALM BEACH, FL 33412 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 DP  
Name SIEGLER, MARK  
Address 7501 BLUE HERON WAY  
City-State-Zip: WEST PALM BEACH FL 33412

Title T  
Name SIEGLER, DEBRA  
Address 7501 BLUE HERON WAY  
City-State-Zip: WEST PALM BEACH FL 33412

*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 SIEGLER

**PRESIDENT**

**01/03/2024**

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

\_\_\_\_\_  
Date