

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000042080

**Entity Name:** EVOLVE MEDICUS, INC.

**Current Principal Place of Business:**

2631-A NW 41ST STREET  
GAINESVILLE, FL 32606

**Current Mailing Address:**

6 S GARY GLEN CIRCLE  
THE WOODLANDS, TX 77382 US

**FEI Number: 88-2576575**

**Certificate of Status Desired: No**

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

ACCOUNTANTS AND BUSINESS ADVISORS, LLC  
2631-A NW 41ST STREET  
GAINESVILLE, FL 32606 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 METTAUER, MARK  
Address 6 S GARY GLEN CIRCLE  
City-State-Zip: THE WOODLANDS TX 77382

Title VP  
Name METTAUER, MARISSA  
Address 6 S GARY GLEN CIRCLE  
City-State-Zip: THE WOODLANDS TX 77382

Title SEC  
Name AKAABOUNE, OUADIE  
Address 2000 HUGHES LANDING BLVD. #374  
City-State-Zip: THE WOODLANDS TX 77380

*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 METTAUER**

**PRESIDENT**

**01/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date