

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000057514

**Entity Name:** NM MEDICAL SERVICES CORP.

**Current Principal Place of Business:**

23539 SW 113 PASSAGE  
HOMESTEAD, FL 33032

**Current Mailing Address:**

23539 SW 113 PASSAGE  
HOMESTEAD, FL 33032

**FEI Number:** 88-3518640

**Certificate of Status Desired:** Yes

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

NATHALIE ANDERSON MACHIN  
23539 SW 113 PASSAGE  
HOMESTEAD, FL 33032 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 PS  
Name NATHALIE ANDERSON MACHIN  
Address 23539 SW 113 PASSAGE  
City-State-Zip: HOMESTEAD FL 33032

*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:** NATHALIE MACHIN

NATHALIE MACHIN

04/15/2023

Electronic Signature of Signing Officer/Director Detail

Date