

**2024 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P22000063714

**Entity Name:** M&D MRI RENTAL INC

**Current Principal Place of Business:**

4915 SOUTH CONGRESS AV  
SUITE B  
LAKE WORTH, FL 33461

**FILED**  
**Feb 04, 2024**  
**Secretary of State**  
**4034501424CC**

**Current Mailing Address:**

4915 SOUTH CONGRESS AV  
SUITE B  
LAKE WORTH, FL 33461 US

**FEI Number:** 88-4106011

**Certificate of Status Desired:** No

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

JOSAPHAT, MICHAEL  
6320 C DURHAM DR  
LAKE WORTH, FL 33467 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            JOSAPHAT, MICHAEL  
Address        4915 SOUTH CONGRESS AV  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33461

Title            VP  
Name            JOSAPHAT, DANIE  
Address        4915 SOUTH CONGRESS AV  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33461

*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:** MICHAEL JOSAPHAT

**PRESIDENT**

**02/04/2024**

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

\_\_\_\_\_  
Date