

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000077857

**Entity Name:** MEDAHEALTH ASSOCIATES, INC.**Current Principal Place of Business:**501 E. KENNEDY BLVD  
STE# 100  
TAMPA, FL 33602**Current Mailing Address:**501 E. KENNEDY BLVD.  
STE # 100  
TAMPA, FL 33602 US**FEI Number:** 92-0774746**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PERTILE, BRANDON D  
15002 PATTERSON ROAD  
ODESSA, FL 33556 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	PRESIDENT
Name	PERTILE, BRANDON D
Address	501 E. KENNEDY BLVD. STE# 100
City-State-Zip:	TAMPA FL 33602

Title	DIRECTOR
Name	PITTMAN, NATHAN
Address	501 E. KENNEDY BLVD. STE# 100
City-State-Zip:	TAMPA FL 33602

Title	DIRECTOR
Name	RESZKO, MATTHEW
Address	501 E. KENNEDY BLVD. STE# 100
City-State-Zip:	TAMPA FL 33602

Title	VP, TREASURER
Name	KARAKARIS, JAMI
Address	501 E. KENNEDY BLVD. STE# 100
City-State-Zip:	TAMPA FL 33602

Title	VP
Name	JUELE, MARC
Address	501 E. KENNEDY BLVD. STE# 100
City-State-Zip:	TAMPA FL 33602

*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:** RICHARD K. PERTILE

02/26/2025

Electronic Signature of Signing Officer/Director Detail

Date