

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23000026108

Entity Name: MEDICAL ASSOCIATES AND FINANCIAL, INC.

Current Principal Place of Business:

6368 SHADOW CREEK VILLAGE CIRCLE
LAKE WORTH, FL 33463

Current Mailing Address:

6368 SHADOW CREEK VILLAGE CIRCLE
LAKE WORTH, FL 33463

FEI Number: 92-3231779

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAYLOR, KARL
6368 SHADOW CREEK VILLAGE CIRCLE
LAKE WORTH, FL 33463 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 TAYLOR, KARL
Address 6368 SHADOW CREEK VILLAGE
CIRCLE
City-State-Zip: LAKE WORTH FL 33463

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: KARL TAYLOR

PRES.

04/28/2024

Electronic Signature of Signing Officer/Director Detail

Date