# that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000190091

Entity Name: CHARI MOBILE ECHOCARDIOGRAM PLLC

## **Current Principal Place of Business:**

11479 SPRINGBOARD DRIVE JACKSONVILLE, FL 32218

# **Current Mailing Address:**

11479 SPRINGBOARD DRIVE JACKSONVILLE, FL 32218 US

# FEI Number: 84-2928014

## Name and Address of Current Registered Agent:

MBOMEH, CHRISTIANA 5575 S. SEMORAN BLVD. SUITE 36 ORLANDO, FL 32822 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: CHRISTIANA MBOMEH

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title AMBR MBOMEH. CHRISTIANA N Name Address 11479 SPRINGBOARD DRIVE City-State-Zip: JACKSONVILLE FL 32218

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

Certificate of Status Desired: No

04/25/2024 Date

04/25/2024 Date

# FILED Apr 25, 2024 Secretary of State 9949394404CC

SIGNATURE: CHRISTIANA MBOMEH

OWNER