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

SIGNATURE: CHRISTIANA MBOMEH Electronic Signature of Signing Authorized Person(s) Detail

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 :

TitleAMBRNameMBOMEH, CHRISTIANA NAddress11479 SPRINGBOARD DRIVECity-State-Zip:JACKSONVILLE FL 32218

FILED Apr 17, 2022 Secretary of State 3617730228CC

Certificate of Status Desired: No

04/17/2022 Date

Date



04/17/2022

# 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L19000190091