# 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

**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

OWNER

DOCUMENT# L19000190091 Entity Name: CHARI MOBILE ECHOCARDIOGRAM PLLC

2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

Certificate of Status Desired: No

04/02/2021

Date

04/02/2021 Date

## FILED Apr 02, 2021 Secretary of State 0241968891CR