

2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L22000344115

Entity Name: MORRIS MOBILE MEDICAL SERVICES, PLLC

Current Principal Place of Business:

4051 AILANTHUS CT
TALLAHASSEE, FL 32305

Current Mailing Address:

7901 4TH ST. N. 13092
ST. PETERSBURG, FL 33702 US

FEI Number: 88-3600029

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC
7901 4TH ST. N, STE. 300
ST. PETERSBURG, FL 33702 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: MARCIA ROBERTS-MORRIS, OWNER

04/01/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name ROBERTS-MORRIS, MARCIA K
Address 4051 AILANTHUS CT
City-State-Zip: TALLAHASSEE FL 32305

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: MARCIA ROBERTS-MORRIS

OWNER

04/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date