

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000002753

Entity Name: MEDICAL DEBT RESOLUTION, INC.

Current Principal Place of Business:

2807 JACKSON AVE FL 5
LONG ISLAND CITY, NY 11101

Current Mailing Address:

80 THEODORE FREMD AVE
RYE, NY 10580 US

FEI Number: 47-1442997

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4TH STREET 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title VP
Name MASUCCI, MICHELE
Address 2807 JACKSON AVE FL 5
City-State-Zip: LONG ISLAND CITY NY 11101

Title TREASURER
Name PENABAD, JOSE
Address 2807 JACKSON AVE FL 5
City-State-Zip: LONG ISLAND CITY NY 11101

Title PRESIDENT
Name VON MUEFFLING, WILLIAM
Address 2807 JACKSON AVE FL 5
City-State-Zip: LONG ISLAND CITY NY 11101

Title SECRETARY
Name SANN, TED
Address 2807 JACKSON AVE FL 5
City-State-Zip: LONG ISLAND CITY NY 11101

Title PRESIDENT
Name SESSO, ALLISON
Address 2807 JACKSON AVE FL 5
City-State-Zip: LONG ISLAND CITY NY 11101

Title DIRECTOR
Name ASHTON, JERRY
Address 2807 JACKSON AVE FL 5
City-State-Zip: LONG ISLAND CITY NY 11101

Title DIRECTOR
Name GOFF, ROBERT
Address 2807 JACKSON AVE FL 5
City-State-Zip: LONG ISLAND CITY NY 11101

Title DIRECTOR
Name MARINCOLA, ELIZABETH
Address 2807 JACKSON AVE FL 5
City-State-Zip: LONG ISLAND CITY NY 11101

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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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALLISON SESSO

PRESIDENT

04/05/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SMEDSRUD, JEFF
Address 2807 JACKSON AVE FL 5
City-State-Zip: LONG ISLAND CITY NY 11101

Title DIRECTOR
Name BARBOT, OXIRIS
Address 2807 JACKSON AVE FL 5
City-State-Zip: LONG ISLAND CITY NY 11101

Title DIRECTOR
Name RAY, MAGAN
Address 2807 JACKSON AVE FL 5
City-State-Zip: LONG ISLAND CITY NY 11101

Title DIRECTOR
Name LINDSEY, JONATHAN
Address 2807 JACKSON AVE FL 5
City-State-Zip: LONG ISLAND CITY NY 11101

Title DIRECTOR
Name RAJU, RAMANATHAN
Address 2807 JACKSON AVE FL 5
City-State-Zip: LONG ISLAND CITY NY 11101

Title DIRECTOR
Name WIGGS, JONATHAN
Address 2807 JACKSON AVE FL 5
City-State-Zip: LONG ISLAND CITY NY 11101