

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000003160

**Entity Name:** METROPOLITAN HEALTHCARE SERVICES, INC.

**Current Principal Place of Business:**

8260 WILLOW OAKS CORPORATE DRIVE  
SUITE 850  
FAIRFAX, VA 22031

**Current Mailing Address:**

8260 WILLOW OAKS CORPORATE DRIVE  
SUITE 850  
FAIRFAX, VA 22031 US

**FEI Number:** 84-1624391

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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	CHAIRMAN	Title	CEO
Name	LENTINE, DAVID	Name	DANIEL, EDWARD
Address	8260 WILLOW OAKS CORPORATE DRIVE SUITE 850	Address	8260 WILLOW OAKS CORPORATE DRIVE SUITE 850
City-State-Zip:	FAIRFAX VA 22031	City-State-Zip:	FAIRFAX VA 22031

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

**SIGNATURE:** DAVID LENTINE

**CHAIRMAN**

**03/03/2022**

Electronic Signature of Signing Officer/Director Detail

Date