

**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000003222

**Entity Name:** MOBILE MEDICAL & NURSING, INC.

**Current Principal Place of Business:**

9091 N. MILITARY TRAIL  
SUITE 11  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

PO BOX 31176  
PALM BEACH GARDENS, FL 33420 US

**FEI Number:** 54-2159868

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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 DP  
Name KOTIYAN, DINAKAR CEO  
Address 9091 N. MILITARY TRAIL  
SUITE 11  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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:** DINAKAR KOTIYAN

CEO & PRESIDENT

01/13/2025

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date