

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000003222

Entity Name: MOBILE MEDICAL & NURSING, INC.

Current Principal Place of Business:

3964 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33403

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
Address 3964 NORTHLAKE BLVD
City-State-Zip: PALM BEACH GARDENS FL 33403

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

03/01/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date