

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000001119

**Entity Name:** UPPERLINE HEALTHCARE PROFESSIONAL CORPORATION**Current Principal Place of Business:**4101 CHARLOTTE AVENUE, SUITE F185  
NASHVILLE, TN 37209**Current Mailing Address:**4101 CHARLOTTE AVENUE, SUITE F185  
NASHVILLE, TN 37209 US**FEI Number: 82-2410133****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST  
SUITE 4  
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	DIRECTOR, PRESIDENT
Name	KING, MICHAEL
Address	4101 CHARLOTTE AVENUE, SUITE F185
City-State-Zip:	NASHVILLE TN 37209

Title	DIRECTOR, SECRETARY
Name	THORPE, DAVID
Address	4101 CHARLOTTE AVENUE, SUITE F185
City-State-Zip:	NASHVILLE TN 37209

Title	TREASURER
Name	TSEVOUKAS, JAMES
Address	4101 CHARLOTTE AVENUE, SUITE F185
City-State-Zip:	NASHVILLE TN 37209

*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: MICHAEL KING****PRESIDENT****04/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date