

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000003710

Entity Name: MEDICALLY HOME GROUP, INC.

Current Principal Place of Business:

500 HARRISON AVE
BOSTON, MA 02118

Current Mailing Address:

500 HARRISON AVE
BOSTON, MA 02118 US

FEI Number: 81-1022962

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
515 E PARK AVE 2 FLOOR
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 CEO
Name KARJIAN, RAMI
Address 500 HARRISON AVE
City-State-Zip: BOSTON MA 02118

Title PRESIDENT
Name GOYAL, MANEESH
Address 500 HARRISON AVE
City-State-Zip: BOSTON MA 02118

Title SECRETARY
Name KRAMER, WILLIAM ESQ.
Address 500 HARRISON AVE
City-State-Zip: BOSTON MA 02118

Title DIRECTOR
Name RAKOWSKI, RAPHAEL
Address 500 HARRISON ST.
City-State-Zip: BOSTON MA 02118

Title DIRECTOR
Name PARODI, STEPHEN DR.
Address 500 HARRISON ST.
City-State-Zip: BOSTON MA 02118

Title DIRECTOR
Name LIANG, JANET
Address 500 HARRISON ST.
City-State-Zip: BOSTON MA 02118

Title DIRECTOR
Name MANIACI, MICHAEL DR.
Address 500 HARRISON ST.
City-State-Zip: BOSTON MA 02118

Title DIRECTOR
Name SCHLISSBERG, ROBERT
Address 500 HARRISON ST.
City-State-Zip: BOSTON MA 02118

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: WILLIAM KRAMER

SECRETARY

04/24/2024

Electronic Signature of Signing Officer/Director Detail

Date