| 2801 SE 1ST A | Current Principal Place of Business: 2801 SE 1ST AVE, STE 301 OCALA, FL 34471-0478 | | | | | |
|--|---|--------------------------|---------------------------------------|------------------------|--|--|
| Current Ma | iling Address: | | | | | |
| 5010 SE 4T OCALA, FL | H AVE . 34480 US | | | | | |
| FEI Number: 47-1129110 Certificate of S | | | | esired: No | | |
| Name and A | Name and Address of Current Registered Agent: | | | | | |
| QI, MARK | | | | | | |
| 5010 SE 4TH / OCALA, FL 34 | 1480 US | | | | | |
| OCALA, FL 34 | 1480 US ed entity submits this statement for the purpose of changing its regi | stered office or regis | tered agent, or both, in the State of | Florida. | | |
| OCALA, FL 34 | | stered office or regis | tered agent, or both, in the State of | Florida. 03/11/2025 | | |
| OCALA, FL 34 | ed entity submits this statement for the purpose of changing its regi | stered office or regis | tered agent, or both, in the State of | | | |
| OCALA, FL 34 The above name SIGNATUR | ed entity submits this statement for the purpose of changing its regi | stered office or regis | tered agent, or both, in the State of | 03/11/2025 | | |
| OCALA, FL 34 The above name SIGNATUR | ed entity submits this statement for the purpose of changing its regineration of the purpose of changing its regineration of Registered Agent | stered office or regis | tered agent, or both, in the State of | 03/11/2025 | | |
| OCALA, FL 34 The above name SIGNATUR Officer/Dire | ed entity submits this statement for the purpose of changing its regineration of the purpose | | | 03/11/2025 | | |
| OCALA, FL 34 The above name SIGNATUR Officer/Dire Title | ed entity submits this statement for the purpose of changing its register: MARK QI Electronic Signature of Registered Agent Elector Detail : DIR | Title | DIR | 03/11/2025 | | |
| OCALA, FL 34 The above name SIGNATUR Officer/Dire Title Name | ed entity submits this statement for the purpose of changing its register: MARK QI Electronic Signature of Registered Agent Elector Detail : DIR QI, MARK 5010 SE 4TH AVE | Title Name | DIR LUO, LAN 5010 SE 4TH AVE | 03/11/2025 | | |
| OCALA, FL 34 The above name SIGNATUR Officer/Dire Title Name Address | ed entity submits this statement for the purpose of changing its register: MARK QI Electronic Signature of Registered Agent Elector Detail : DIR QI, MARK 5010 SE 4TH AVE | Title Name Address | DIR LUO, LAN 5010 SE 4TH AVE | 03/11/2025 | | |
| OCALA, FL 34 The above name SIGNATUR Officer/Dire Title Name Address | ed entity submits this statement for the purpose of changing its register: MARK QI Electronic Signature of Registered Agent Elector Detail : DIR QI, MARK 5010 SE 4TH AVE | Title Name Address | DIR LUO, LAN 5010 SE 4TH AVE | 03/11/2025 | | |

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: QI, MARK

DIRECTOR

03/11/2025

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# F2000005464

Entity Name: MORGAN MEDICAL MANAGEMENT & CONSULTANTS, INC.

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| | | ······································ | | | | |
|---------------------------|-----------------|--|----------------|-----------------|------------|--|
| | SIGNATURE: | MARK QI | | | 03/11/2025 | |
| | | Electronic Signature of Registered Agent | | | Date | |
| Officer/Director Detail : | | | | | | |
| | Title | DIR | Title | DIR | | |
| | Name | QI, MARK | Name | LUO, LAN | | |
| | Address | 5010 SE 4TH AVE | Address | 5010 SE 4TH AVE | | |
| | City State Zin: | | City-State-Zin | | | |

FILED Mar 11, 2025 **Secretary of State** 5767827009CC