

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000020486

**Entity Name:** MOBILE PHYSICIAN SERVICES, INC.

**Current Principal Place of Business:**

6804 CECELIA DRIVE  
NEW PORT RICHEY, FL 34653-4935

**Current Mailing Address:**

6804 CECELIA DRIVE  
NEW PORT RICHEY, FL 34653-4935 US

**FEI Number:** 20-4278037

**Certificate of Status Desired:** Yes

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

CHESTNUT BUSINESS SERVICES, LLC  
490 1ST AVENUE S.  
SUITE 700  
ST. PETERSBURG, FL 33701 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:** MICHAEL A. IGEL

04/14/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, SECRETARY,  
                    TREASURER, DIRECTOR  
Name            WACKSMAN, JEFFREY L  
Address        6804 CECELIA DRIVE  
City-State-Zip: NEW PORT RICHEY FL 34653-4935

*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:** JEFFREY L. WACKSMAN

PRESIDENT

04/14/2023

Electronic Signature of Signing Officer/Director Detail

Date