

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000002745

Entity Name: PATIENCE WITH PATIENTS, INC.

Current Principal Place of Business:

11924 W. FOREST HILL BLVD
SUITE 10A-420
WELLINGTON, FL 33414

Current Mailing Address:

11924 W. FOREST HILL BLVD
SUITE 10A-420
WELLINGTON, FL 33414 US

FEI Number: 81-2279128

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRANT, MELANIE
11924 W. FOREST HILL BLVD
SUITE 10A-420
WELLINGTON, FL 33414 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 PRESIDENT, DIRECTOR
Name FEARON, BARBARA
Address 11924 W. FOREST HILL BLVD
 SUITE 10A-420
City-State-Zip: WELLINGTON FL 33414

Title SECRETARY, DIRECTOR
Name EWING, MANISHKA
Address 11924 W. FOREST HILL BLVD
 SUITE 10A-420
City-State-Zip: WELLINGTON FL 33414

Title TREASURER, DIRECTOR
Name LOBBAN, NORMAN A.
Address 11924 W. FOREST HILL BLVD
 SUITE 10A-420
City-State-Zip: WELLINGTON FL 33414

Title VP, DIRECTOR
Name DUHANEY, RUTH
Address 11924 W. FOREST HILL BLVD
 SUITE 10A-420
City-State-Zip: WELLINGTON FL 33414

Title EXECUTIVE DIRECTOR, DIRECTOR
Name GRANT, MELANIE
Address 10276 OAK MEADOW LANE
City-State-Zip: LAKE WORTH FL 33449

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MELANIE GRANT

DIRECTOR

06/16/2020

Electronic Signature of Signing Officer/Director Detail

Date