

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000010195

Entity Name: CRIMSON MEDICAL MENTORSHIP PROGRAM INC.

Current Principal Place of Business:

406 LOFTS DRIVE
MELBOURNE, FL 32940

Current Mailing Address:

406 LOFTS DRIVE
MELBOURNE, FL 32940 US

FEI Number: 81-4185613

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBINSON, PATRICK
406 LOFTS DRIVE
MELBOURNE, FL 32940 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 PD
Name ROBINSON, PATRICK
Address 10 COWPERTHWAIT ST.
City-State-Zip: CAMB FL

Title VD
Name OWOLO, EDWIN
Address 5 HECKLEBERRY DRIVE SOUTH
City-State-Zip: NORWALK CT 06850

Title SD
Name LECOMER, TYLER
Address 18 ENRICA RITA WAY
City-State-Zip: STRATFORD CT 06614

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: PATRICK ROBINSON

MR.

05/22/2017

Electronic Signature of Signing Officer/Director Detail

Date