

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000005335

**Entity Name:** DR. STAUBS CARES, INC.

**Current Principal Place of Business:**

6514 CENTRAL AVE.  
ST. PETERSBURG, FL 33707

**Current Mailing Address:**

6514 CENTRAL AVE.  
ST. PETERSBURG, FL 33707 US

**FEI Number:** 83-0787685

**Certificate of Status Desired:** No

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

STAUBS, COLBY  
6514 CENTRAL AVE.  
ST. PETERSBURG, FL 33707 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 STAUBS, COLBY  
Address 1700 WINCHESTER RD. N.  
City-State-Zip: ST. PETERSBURG FL 33710

Title D  
Name MARALIST, FRANK  
Address 3800 46TH AVE. S.  
City-State-Zip: ST. PETERSBURG FL 33711

Title D  
Name SHOCKLEE, JOSH  
Address 6071 GARMOUTH WAY N  
City-State-Zip: ST. PETERSBURG FL 33709

Title TS  
Name BELL, HANNAH  
Address 1700 WINCHESTER RD. N.  
City-State-Zip: ST. PETERSBURG FL 33710

*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:** COLBY STAUBS

**PRESIDENT**

**07/12/2023**

Electronic Signature of Signing Officer/Director Detail

Date