

2022 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	SHOCKLEE, JOSH
Address	6071 GARMOUTH WAY N
City-State-Zip:	ST. PETERSBURG FL 33709

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

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**BOARD MEMBER****04/27/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date