

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000009739

Entity Name: SFL COMMUNITY CLINIC INC

Current Principal Place of Business:

8358 WEST OAKLAND PARK BLVD
STE 101
SUNRISE, FL 33351

Current Mailing Address:

8358 WEST OAKLAND PARK BLVD
STE 101
SUNRISE, FL 33351

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOFTBOOKS INC
5373 N NOB HILL ROAD
SUNRISE, FL 33351 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 D
Name ISMAIL, YUNUS
Address 8358 WEST OAKLAND PARK BLVD
STE 101
City-State-Zip: SUNRISE FL 33351

Title D
Name QURESHI, JAVED
Address 8358 WEST OAKLAND PARK BLVD
STE 101
City-State-Zip: SUNRISE FL 33351

Title D
Name AMIN, MUHAMMAD
Address 8358 WEST OAKLAND PARK BLVD
STE 101
City-State-Zip: SUNRISE FL 33351

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: YUNUS ISMAIL

D

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date