

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004281

Entity Name: DAYSTAR LIFE CENTER, INC.

Current Principal Place of Business:

1055 28TH STREET SOUTH
ST. PETERSBURG, FL 33712

Current Mailing Address:

1055 28TH STREET SOUTH
ST. PETERSBURG, FL 33712 US

FEI Number: 65-0523539

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DAYSTAR LIFE CENTER
4514 CENTRAL AVENUE
SAINT PETERSBURG, FL 33711 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: JANE WALKER

03/08/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EXECUTIVE DIRECTOR
Name WALKER, JANE TROCHECK
Address 1055 28TH STREET SOUTH
City-State-Zip: ST. PETERSBURG FL 33712

Title DIRECTOR
Name FLYNN, SISTER MARITA
Address 1332 7TH AVENUE N
City-State-Zip: ST. PETERSBURG FL 33705

Title DIRECTOR
Name AMANTIA, TOR, FATHER DAMIAN
Address 515 4TH STREET S
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR
Name BUNGARD, NORMAN
Address 5400 PARK STREET N, PH7
City-State-Zip: ST. PETERSBURG FL 33709

Title VP
Name MACKOVJAK, KATHLYN
Address 721 FIRST AVENUE NORTH
City-State-Zip: ST. PETERSBURG FL 33701

Title TREASURER
Name GARRITY, JAMES
Address 7024 CENTRAL AVENUE
City-State-Zip: ST. PETERSBURG FL 33707

Title DIRECTOR
Name LERNER, LINDA
Address 8022 OAK FOREST BOULEVARD W
City-State-Zip: SEMINOLE FL 33776

Title DIRECTOR
Name MILKEY, KEVIN
Address 2813 SUNSET WAY
City-State-Zip: ST. PETE BEACH FL 33706

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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: JANE TROCHECK WALKER

EXECUTIVE DIRECTOR

03/08/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MENCHEN, DEACON MICHAEL
Address 555 5TH AVE NE
#333
City-State-Zip: ST PETERSBURG FL 33701

Title SECRETARY
Name CALDWELL THOMPSON PHD, LORETTA
Address 151 8TH STREET N
City-State-Zip: ST PETERSBURG FL 33701

Title PRESIDENT
Name GHOSH, JAY
Address 301 62ND AVE S
City-State-Zip: ST PETERSBURG FL 33705

Title DIRECTOR
Name LARSEN MD, CHRISTINE
Address 101 10TH STREET E
City-State-Zip: TIERRA VERDE FL 33715

Title DIRECTOR
Name MONLUX, JR., M.D., GEORGE W
Address 4602 27TH AVE SOUTH
City-State-Zip: GULFPORT FL 33711

Title ASST. SECRETARY
Name DAWSON, JACKIE
Address 300 N TESSIER DRIVE
City-State-Zip: ST PETE BEACH FL 33706-2816

Title DIRECTOR
Name FOX, MD, JOHN
Address 6203 3RD STREET S
City-State-Zip: ST. PETERSBURG FL 33705

Title DIRECTOR
Name WILSON, JUDY
Address 440 GULFVIEW BLVD
UNIT 1802
City-State-Zip: CLEARWATER BEACH FL 33767-2520