

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 316109

**FILED**  
**Jan 14, 2020**  
**Secretary of State**  
**4704924115CC**

**Entity Name:** MEDICAL ARCH CORPORATION

**Current Principal Place of Business:**

5380 JOE'S CREEK DR N  
ST PETERSBURG, FL 33709

**Current Mailing Address:**

5380 JOE'S CREEK DR N  
ST PETERSBURG, FL 33709

**FEI Number:** 59-1203764

**Certificate of Status Desired:** No

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

EZZO, HELEN  
5380 JOE'S CREEK DR N  
ST PETERSBURG, FL 33709 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 EZZO MCGETTIGAN, PATRICE  
Address 5440 JOE'S CREEK DR N  
City-State-Zip: ST PETERSBURG FL 33709

Title TD  
Name EZZO CUROTTO, ELISE  
Address 8416 LITTLELEAF COURT  
City-State-Zip: ORLANDO FL 32834

Title VD  
Name EZZO, CHRISTOPHER  
Address 10244 130TH WAY  
City-State-Zip: LARGO FL

Title D  
Name EZZO, STEPHEN  
Address 4243 COUNTRY LANE  
City-State-Zip: CHARLOTTE NC 28270

Title SD  
Name EZZO, PAUL  
Address 2291 SW RACQUET CLUB DR  
City-State-Zip: PALM CITY FL 34990

Title D  
Name EZZO, JOSEPH JR  
Address 562 SOUTH MAIN AVENUE #1  
City-State-Zip: TUCSON AZ 85701

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICE EZZO MCGETTIGAN

PD

01/14/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date