

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G50731

**FILED**  
**Apr 29, 2019**  
**Secretary of State**  
**3592846795CC**

**Entity Name:** RA CENTERS MANAGEMENT CORP.

**Current Principal Place of Business:**

5533 WINDRIFT LANE  
BOCA RATON, FL 33433

**Current Mailing Address:**

5533 WINDRIFT LN  
BOCA RATON, FL 33433

**FEI Number: 59-2371988**

**Certificate of Status Desired: No**

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

POLITIS, JOHN  
5533 WINDRIFT LANE  
BOCA RATON, FL 33433 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 P  
Name POLITIS, JOHN  
Address 5533 WIND DRIFT LANE  
City-State-Zip: BOCA RATON FL 33433

Title VP, SECRETARY  
Name POLITIS, JO  
Address 5533 WINDRIFT LANE  
City-State-Zip: BOCA RATON FL 33433

Title VP  
Name POLITIS, JAMES  
Address 5533 WINDRIFT LANE  
City-State-Zip: BOCA RATON FL 33433

*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: JOHN POLITIS**

**PRESIDENT**

**04/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date