

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H11253

Entity Name: ADVENTURA SICKROOM SUPPLY, INC.

Current Principal Place of Business:

C/O LISA LEHMAN
136 S. FEDERAL HWY
HALLANDALE, FL 33009

Current Mailing Address:

136 S FEDERAL HWY
HALLANDALE, FL 33009 US

FEI Number: 59-2419358

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEHMAN, LISA
136 S FEDERAL HWY
HALLANDALE, FL 33009 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 LEHMAN, LISA
Address 136 S FEDERAL HWY
City-State-Zip: HALLANDALE FL 33009

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: LISA LEHMAN

PRESIDENT

01/06/2019

Electronic Signature of Signing Officer/Director Detail

Date