#### 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: ALLEN T. ZAK

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

# **Officer/Director Detail :**

DPT Title ZAK. ALLEN T Name 8504 DEE CIRCLE Address City-State-Zip: **RIVERVIEW FL 33569** 

DOCUMENT# K18655

# Entity Name: SCC GROUP HEALTH CLINIC INCORPORATED

# **Current Principal Place of Business:**

**1601 RICKENBACKER DRIVE** SUITE #2 SUN CITY CENTER, FL 33573

### **Current Mailing Address:**

**1601 RICKENBACKER DRIVE** SUITE #2 SUN CITY CENTER, FL 33573

### FEI Number: 59-2878713

## Name and Address of Current Registered Agent:

LINSKY, DONALD B. 1509 SUN CITY CENTER PLAZA SUN CITY CENTER, FL 33573 US

Electronic Signature of Signing Officer/Director Detail

# Certificate of Status Desired: No

Date

# FILED Feb 06, 2024 Secretary of State 7037590874CC

OWNER