

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000060008

Entity Name: CROSS CREEK MEDICAL,PA

Current Principal Place of Business:

1381 CROSS CREEK CIRCLE
#A
TALLAHASSEE, FL 32301

Current Mailing Address:

1381 CROSS CREEK CIRCLE
#A
TALLAHASSEE, FL 32301

FEI Number: 14-1852106

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAMPSON, WAYNE AMD
1605 GROVELAND HILLS DR.
TALLAHASSEE, FL 32317 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 PRES
Name SAMPSON, WAYNE AMD
Address 1381 A CROSS CREEK CIRCLE
City-State-Zip: TALLAHASSEE FL 32301

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: WAYNE SAMPSON

PRESIDENT

01/08/2017

Electronic Signature of Signing Officer/Director Detail

Date