

**2019 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**

**02/12/2019**

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

\_\_\_\_\_  
Date