## 2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000046445

Entity Name: FLORIDA CRANIOFACIAL INSTITUTE, P.A.

FILED
Jan 28, 2021
Secretary of State
0520469693CC

## **Current Principal Place of Business:**

4200 N ARMENIA AVE

SUITE 3

TAMPA, FL 33607

# **Current Mailing Address:**

4200 N ARMENIA AVE SUITE 3

TAMPA, FL 33607

FEI Number: 22-3923165 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

RICALDE, PAT 3590 BELLE VISTA DRIVE EAST SAINT PETERSBURG, FL 33706 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 PSD Title VPTD

Name RICALDE, PAT Name RICALDE, RUSSELL

Address 3590 BELLE VISTA DRIVE EAST Address 3590 BELLE VISTA DRIVE EAST

City-State-Zip: ST PETERSBURG BEACH FL 33706 City-State-Zip: ST PETERSBURG BEACH FL 33706

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.

Electronic Signature of Signing Officer/Director Detail