

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000101537

**Entity Name:** SOUTHERN AEROMEDICAL INSTITUTE, INC.

**Current Principal Place of Business:**

1698-B WEST HIBISCUS BLVD.  
MELBOURNE, FL 32901

**Current Mailing Address:**

P.O. BOX 2227  
MELBOURNE, FL 32902 US

**FEI Number:** 20-5312161

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BUZA, PAUL W  
1698 W HIBISCUS BLVD B  
MELBOURNE, FL 32901 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 PSTD  
Name PAUL, BUZA W  
Address 1698-B WEST HIBISCUS BLVD.  
City-State-Zip: MELBOURNE FL 32901

Title VPD  
Name DEBORAH, BUZA A  
Address 1698-B WEST HIBISCUS BLVD.  
City-State-Zip: MELBOURNE FL 32901

*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:** DEBORAH BUZA

**ADMINISTRATOR**

**02/05/2021**

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

\_\_\_\_\_  
Date