

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000060337

Entity Name: KNIGHTSBRIDGE HEALTHCARE, INC.

Current Principal Place of Business:

7364 MONETA STREET
LAKE WORTH, FL 33467

Current Mailing Address:

7364 MONETA STREET
LAKE WORTH, FL 33467 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHEWARD, TRACEY
7364 MONETA STREET
LAKE WORTH, FL 33467 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 SHEWARD, TRACEY
Address 7364 MONETA STREET
City-State-Zip: LAKE WORTH FL 33467

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: TRACEY SHEWARD

PRESIDENT

03/30/2019

Electronic Signature of Signing Officer/Director Detail

Date