

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000032778

**Entity Name:** SHACKELFORD MEDICAL, INC.

**Current Principal Place of Business:**

3828 DANFORTH DR. W  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

9745 TOUCHTON RD  
2424  
JACKSONVILLE, FL 32246 US

**FEI Number:** 46-2533635

**Certificate of Status Desired:** No

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

SHACKELFORD, TRACY  
3828 DANFORTH DR. W  
JACKSONVILLE, FL 32224 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 P  
Name SHACKELFORD, TRACY  
Address 3828 DANFORTH DR. W  
City-State-Zip: JACKSONVILLE FL 32224

*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:** TRACY SHACKELFORD

**PRESIDENT**

**03/05/2015**

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

\_\_\_\_\_  
Date