

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000035517

**Entity Name:** SKYNET HEALTHCARE TECHNOLOGIES, INC.

**Current Principal Place of Business:**

34350 US HWY 19 N.  
3RD FLOOR  
PALM HARBOR, FL 34684

**Current Mailing Address:**

34350 US HWY 19 N.  
PALM HARBOR, FL 34684 US

**FEI Number:** 46-2584827

**Certificate of Status Desired:** No

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

BOULDIN, MARK C  
8380 BAY PINES BLVD.  
3RD FLOOR  
ST. PETERSBURG, FL 33709 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 PST  
Name BOULDIN, MARK C  
Address 8380 BAY PINES BLVD.  
3RD FL  
City-State-Zip: ST. PETERSBURG FL 33709

*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:** MARK BOULDIN

PST

04/23/2018

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

\_\_\_\_\_  
Date