

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000050539

Entity Name: OPEN FIELD MEDICAL, INC.

Current Principal Place of Business:

1549 SWAMP ROSE LANE
TRINITY, FL 34055

Current Mailing Address:

1549 SWAMP ROSE LANE
TRINITY, FL 34055

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONSTANTINE, ROBERT
1549 SWAMP ROSE LANE
TRINITY, FL 34055 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: ROBERT CONSTANTINE

02/09/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name CONSTANTINE, ROBERT
Address 1549 SWAMP ROSE LANE
City-State-Zip: TRINITY FL 34055

Title SECRETARY, DIRECTOR
Name ERICKSON, TERRY
Address 1549 SWAMP ROSE LANE
City-State-Zip: TRINITY FL 34055

Title TREASURER, DIRECTOR
Name ROSS, KEN
Address 1549 SWAMP ROSE LANE
City-State-Zip: TRINITY FL 34055

Title DIRECTOR
Name LOPEZ, REINALDO D.
Address 1549 SWAMP ROSE LANE
City-State-Zip: TRINITY FL 34055

Title DIRECTOR
Name LOPEZ, GABE
Address 1549 SWAMP ROSE LANE
City-State-Zip: TRINITY FL 34055

Title DIRECTOR
Name SEDLAK, JOHN
Address 1549 SWAMP ROSE LANE
City-State-Zip: TRINITY FL 34055

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: CONSTANTINE , ROBERT

PRESIDENT

02/09/2017

Electronic Signature of Signing Officer/Director Detail

Date