

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000058673

Entity Name: SAFEPOINT HOLDINGS, INC.**Current Principal Place of Business:**12640 TELECOM DRIVE
TEMPLE TERRACE, FL 33637**Current Mailing Address:**12640 TELECOM DRIVE
TEMPLE TERRACE, FL 33637 US**FEI Number:** 46-2932025**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BAILY, NANCY L
12640 TELECOM DRIVE
TEMPLE TERRACE, FL 33637 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	CEO, DIRECTOR
Name	FLITMAN, DAVID
Address	12640 TELECOM DRIVE
City-State-Zip:	TEMPLE TERRACE FL 33637

Title	CFO
Name	HOFFMAN, STEVEN
Address	12640 TELECOM DRIVE
City-State-Zip:	TEMPLE TERRACE FL 33637

Title	COO
Name	BAILY, NANCY
Address	12640 TELECOM DRIVE
City-State-Zip:	TEMPLE TERRACE FL 33637

Title	DIRECTOR
Name	DHALIWAL, AMARJIT S
Address	12640 TELECOM DRIVE
City-State-Zip:	TEMPLE TERRACE FL 33637

Title	DIRECTOR
Name	DHALIWAL, PARMINDER
Address	12640 TELECOM DRIVE
City-State-Zip:	TEMPLE TERRACE FL 33637

Title	DIRECTOR
Name	ROSENBLUM, BENJAMIN
Address	12640 TELECOM DRIVE
City-State-Zip:	TEMPLE TERRACE FL 33637

Title	DIRECTOR
Name	MATTHEWS, WAYNE
Address	12640 TELECOM DRIVE
City-State-Zip:	TEMPLE TERRACE FL 33637

Title	DIRECTOR
Name	PRESTIA, GARY
Address	12640 TELECOM DRIVE
City-State-Zip:	TEMPLE TERRACE FL 33637

Continues on page 2

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: STEVEN HOFFMAN

CFO

03/04/2020

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	RHOMBERG, DONALD
Address	12640 TELECOM DRIVE
City-State-Zip:	TEMPLE TERRACE FL 33637