

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000096464

Entity Name: CABINET CLINIC OF FLORIDA INC**Current Principal Place of Business:**283 SE MONTEREY ROAD
STUART, FL 34994**Current Mailing Address:**283 SE MONTEREY ROAD
STUART, FL 34994 US**FEI Number: 81-4673697****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MAXWELL, VICTOR
1743 NE 24TH STREET
JENSEN BEACH, FL 34957 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, S
Name	MAXWELL, VICTOR
Address	1743 NE 24TH STREET
City-State-Zip:	JENSEN BEACH FL 34957

Title	VP
Name	DRAKE, KIMBERLY
Address	1743 NE 24TH STREET
City-State-Zip:	JENSEN BEACH FL 34957

Title	ASST. SECRETARY
Name	MAXWELL, WESLEY W.
Address	283 SE MONTEREY ROAD
City-State-Zip:	STUART FL 34994

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: VICTOR MAXWELL**PRESIDENT****03/02/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date