

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000007288

Entity Name: PINE ISLAND MEDICAL INC.

Current Principal Place of Business:

1860 NORTH PINE ISLAND ROAD SUITE 103
PLANTATION, FL 33322

Current Mailing Address:

1860 NORTH PINE ISLAND ROAD SUITE 103
PLANTATION, FL 33322 US

FEI Number: 81-5096161

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALDERON, JUDITH
1860 NORTH PINE ISLAND ROAD SUITE 103
PLANTATION, FL 33322 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 PRES
Name CALDERON, JUDITH
Address 1860 NORTH PINE ISLAND ROAD
 SUITE 103
City-State-Zip: PLANTATION FL 33322

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: JUDITH CALDERON

PRESIDENT

03/19/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date