

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000009007

Entity Name: NORTHWEST FLORIDA DISABILITY, INC.

Current Principal Place of Business:

3430 HWY 77
SUITE B
PANAMA CITY, FL 32405

Current Mailing Address:

PO BOX 330
LYNN HAVEN, FL 32444 US

FEI Number: 82-5375112

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REITER, MICHAEL R
3430 HWY 77
SUITE B
PANAMA CITY, FL 32405 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
Name REITER, MICHAEL R
Address PO BOX 330
City-State-Zip: LYNN HAVEN FL 32444

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: MICHAEL R. REITER

P

02/12/2019

Electronic Signature of Signing Officer/Director Detail

Date