

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000047157

Entity Name: GRIFFITH HEALTHCARE, INC.

Current Principal Place of Business:

445 16TH AVE NE
ST PETERSBURG, FL 33704

Current Mailing Address:

445 16TH AVE NE
SAINT PETERSBURG, FL 33704 US

FEI Number: 82-1741857

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRIFFITH, LEAH
445 16TH AVE NE
ST PETERSBURG, FL 33704 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 GRIFFITH, LEAH
Address 1424 1ST STREET NORTH
City-State-Zip: ST PETERSBURG FL 33704

Title VP
Name GRIFFITH, CHRIS
Address 1424 1ST STREET NORTH
City-State-Zip: ST PETERSBURG FL 33704

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: LEAH GRIFFITH

04/19/2021

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date