

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000092215

Entity Name: SICKNWELL MEDICAL GROUP, P.A.

Current Principal Place of Business:

6405 WEST GULF TO LAKE HIGHWAY
CRYSTAL RIVER, FL 34429

Current Mailing Address:

PO BOX 2066
LECANTO, FL 34460 US

FEI Number: 82-3449378

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANDERS, WALTER S
16528 N DALE MABRY HWY
TAMPA, FL 33618 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 DIRECTOR
Name ST MARTIN, DACELIN
Address PO BOX 2066
City-State-Zip: LECANTO FL 34460

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: DACELIN ST MARTIN

DIRECTOR

04/26/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date