

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000043940

**Entity Name:** NORTH POINT MEDICAL INC

**Current Principal Place of Business:**

10255 MAIN ST  
SUITE #14  
CLARENCE, NY 14031

**Current Mailing Address:**

10255 MAIN ST  
SUITE #14  
CLARENCE, NY 14031 US

**FEI Number:** 83-3876851

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

OSTROWSKI, TARA  
11927 WINDING WOODS WAY  
LAKEWOOD RANCH, FL 34202 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 PSTD  
Name OSTROWSKI, TARA  
Address 11927 WINDING WOODS WAY  
City-State-Zip: LAKEWOOD RANCH FL 34202

*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:** TARA OSTROWSKI

**PRESIDENT**

**03/12/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date