

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