

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000006984

**Entity Name:** ALTRUISTIC MEDICAL ACADEMY, INC

**FILED**  
**Apr 08, 2022**  
**Secretary of State**  
**5803734543CC**

**Current Principal Place of Business:**

1253 PARK STREET  
CLEARWATER, FL 33756

**Current Mailing Address:**

1253 PARK STREET  
CLEARWATER, FL 33756 US

**FEI Number: 86-1868723**

**Certificate of Status Desired: No**

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

SISLER, CHRISTINA M  
1253 PARK STREET  
CLEARWATER, FL 33756 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           PRESIDENT/CHAIRMAN OF THE  
                  BOARD/PROGRAM DIRECTOR,  
                  SHAREHOLDER OF 88%  
Name           SISLER, CHRISTINA MARIE  
Address        298 SKIFF  
                  203  
City-State-Zip: CLEARWATER FL 33756

Title           COO, BOARD  
                  MEMBER/SHAREHOLDER OF 12%  
Name           PETERSON, DOUGLAS W  
Address        824 ISLAND WAY  
City-State-Zip: CLEARWATER BEACH FL 37767

Title           BOARD MEMBER/ADVISORY BOARD  
Name           NEU, TINA IRENE DR.  
Address        1817 CALAMAR  
City-State-Zip: TORRANCE CA 90501

Title           ADMIRATIVE DIRECTOR/ADVISORY  
                  BOARD  
Name           GIALKETSIS, DONA  
Address        824 ISLAND WAY  
City-State-Zip: CLEARWATER FL 33767

Title           ADMISSIONS  
                  DIRECTOR/ADMINISTRATIVE  
                  ASSISTANT/ADVISORY BOARD  
Name           MCKENZIE, RACHEL  
Address        2955 CATHERINE DRIVE  
City-State-Zip: CLEARWATER FL 33759

Title           BOARD MEMBER, TREASURER  
Name           TOLLER, LESLIE  
Address        2230 NURSERY  
City-State-Zip: CLEARWATER FL 33756

*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: CHRISTINA SISLER**

**PRESIDENT**

**04/08/2022**

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

\_\_\_\_\_  
Date