

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000019066

Entity Name: HEALTH FORMS & SYSTEMS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

12851 GRANITE MOUNTAIN PASS
BOYNTON BEACH, FL 33473

Current Mailing Address:

12851 GRANITE MOUNTAIN PASS
BOYNTON BEACH, FL 33473 US

FEI Number: 65-0553477

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DUBROW DUKER & ASSOCIATES, P.A.
5401 N. UNIVERSITY DRIVE
SUITE 204
CORAL SPRINGS, FL 33067 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: STEVEN D. DUKER

03/23/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | | | |
|-----------------|-----------------------------|-----------------|------------------------|
| Title | DPS | Title | DVPT |
| Name | SOLOMON, RONALD S | Name | SOLOMON, CHERYL |
| Address | 12851 GRANITE MOUNTAIN PASS | Address | 5135 KENSINGTON CIRCLE |
| City-State-Zip: | BOYNTON BEACH FL 33473 | City-State-Zip: | CORAL SPRINGS FL 33076 |

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: RONALD SOLOMON

PRESIDENT

03/23/2022

Electronic Signature of Signing Officer/Director Detail

Date