

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000093195

Entity Name: CAMELOT HEALTHCARE MANAGEMENT, INC.

Current Principal Place of Business:

3381 US HIGHWAY 17 92 WEST
HAINES CITY, FL 33844

Current Mailing Address:

3363 US HIGHWAY 17 92 WEST
HAINES CITY, FL 33844 US

FEI Number: 65-0885369

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOSS, PHILIP EJR
1172 S DIXIE HWY.
SUITE 188
CORAL GABLES, FL 33146 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: PHILIP GOSS

04/13/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name ARCIERO, ANGEL
Address 3363 US HIGHWAY 17 92 W
HAINES CITY
City-State-Zip: HAINES CITY FL 33844

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: ANGEL ARCIERO

PRESIDENT

04/13/2021

Electronic Signature of Signing Officer/Director Detail

Date