

**2020 FLORIDA PROFIT CORPORATION REINSTATEMENT**

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:**

3381 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

02/21/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name ARCIERO, ANGEL  
Address 8220 SW 56 ST  
City-State-Zip: MIAMI FL 33155

*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

**DIRECTOR**

02/21/2020

Electronic Signature of Signing Officer/Director Detail

Date