

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000003138

Entity Name: DAVIN HEALTHCARE WORKFORCE SOLUTIONS, INC.**Current Principal Place of Business:**7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702**Current Mailing Address:**7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702 US**FEI Number:** 20-0443075**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC
7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702 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:** DAVID ROBERTS

02/06/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	THEOBALD, DAVID
Address	18 DIVISION STREET SUITE 311
City-State-Zip:	SARATOGA SPRINGS NY 12866

Title	TREASURER
Name	TUCKER, CHRISTINE
Address	18 DIVISION STREET SUITE 311
City-State-Zip:	SARATOGA SPRINGS NY 12866

Title	SECRETARY
Name	KERNAN, THOMAS
Address	18 DIVISION STREET, SUITE 311, SUITE 311
City-State-Zip:	SARATOGA SPRINGS NY 12866

Title	DIRECTOR
Name	THEOBALD, DAVID
Address	18 DIVISION STREET SUITE 311
City-State-Zip:	SARATOGA SPRINGS NY 12866

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: DAVID THEOBALD

PRESIDENT

02/06/2023

Electronic Signature of Signing Officer/Director Detail

Date