

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000005480

Entity Name: PACIFIC MEDICAL, INC.**Current Principal Place of Business:**1700 N. CHRISMAN RD.
TRACY, CA 95304-9314**Current Mailing Address:**1700 N. CHRISMAN RD.
TRACY, CA 95304-9314**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	TREASURER, DIRECTOR
Name	LEONARD, JEFF
Address	1700 N. CHRISMAN RD.
City-State-Zip:	TRACY CA 95304-9314

Title	PRESIDENT, SECRETARY, DIRECTOR
Name	PETLANSKY, JOHN M.
Address	1700 N. CHRISMAN RD.
City-State-Zip:	TRACY CA 95304-9314

Title	CLO
Name	WEAVER, MARK
Address	1700 N. CHRISMAN RD.
City-State-Zip:	TRACY CA 95304-9314

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: MARK WEAVER

CLO

03/30/2022

Electronic Signature of Signing Officer/Director Detail_____
Date