

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000006692

Entity Name: ARCTIC MEDICAL LABORATORIES (ARCTICAX INC.)**Current Principal Place of Business:**747 SW 2ND AVENUE, IMB #15, SUITE 329
GAINESVILLE, FL 32601**Current Mailing Address:**747 SW 2ND AVENUE, IMB #15, SUITE 329
GAINESVILLE, FL 32601 US**FEI Number:** 27-3190485**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHANDLER, MATTHEW
4085 HEMLOCK LANE
TITUSVILLE, FL 32780 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:** MATTHEW CHANDLER

03/04/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	HINES, GREG
Address	801 BROADWAY AVE NW, SUITE 303
City-State-Zip:	GRAND RAPIDS MI 49504

Title	VPD
Name	BELGRAVER, GERRY
Address	801 BROADWAY AVE NW, SUITE 303
City-State-Zip:	GRAND RAPIDS MI 49504

Title	PC
Name	ZANKE, BRENT MD
Address	801 BROADWAY AVE NW, SUITE 303
City-State-Zip:	GRAND RAPIDS MI 49504

Title	CFO
Name	SIEFRIED, WAYNE MD
Address	801 BROADWAY AVE NW, SUITE 303
City-State-Zip:	GRAND RAPIDS MI 49504

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: GERRY BELGRAVER**CHIEF OPERATING
OFFICER**

03/04/2022

Electronic Signature of Signing Officer/Director Detail

Date