

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005322

Entity Name: THE TIDEWATER HEALTHCARE SHARED SERVICES GROUP, INC.**FILED**
Feb 24, 2023
Secretary of State
9768142595CC**Current Principal Place of Business:**25-A VREELAND ROAD, SUITE 200
P.O. BOX 789
FLORHAM PARK, NJ 07932**Current Mailing Address:**25-A VREELAND ROAD, SUITE 200
P.O. BOX 789
FLORHAM PARK, NJ 07932 US**FEI Number: 23-2739587****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	PRESIDENT
Name	HOLLADAY, DAVID
Address	25-A VREELAND ROAD, SUITE 200 P.O. BOX 789
City-State-Zip:	FLORHAM PARK NJ 07932

Title	DIRECTOR
Name	CONLEY, JASON
Address	6903 PROFESSIONAL PARKWAY EAST,
City-State-Zip:	LAKEWOOD RANCH FL 34240

Title	DIRECTOR, VP, SECRETARY
Name	STIPANCICH, JOHN K.
Address	6905 PROFESSIONAL PARKWAY
City-State-Zip:	LAKEWOOD FL 34240
Title	DIRECTOR
Name	CROSS, BRANDON
Address	25-A VREELAND ROAD, SUITE 200 P.O. BOX 789
City-State-Zip:	FLORHAM PARK NJ 07932

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: JASON CONLEY**DIRECTOR****02/24/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date