

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000010798

Entity Name: HALIFAX CLINICAL INTEGRATION, INC.

Current Principal Place of Business:

303 N CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32114

Current Mailing Address:

303 N CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32114

FEI Number: 46-4315040

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KWIATEK, KELLY
303 N CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32114 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: KELLY KWIATEK

03/02/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name FEASEL, JEFF
Address 303 N CLYDE MORRIS BLVD
City-State-Zip: DAYTONA BEACH FL 32114

Title D
Name MARTORANO, ANN
Address 303 N CLYDE MORRIS BLVD
City-State-Zip: DAYTONA BEACH FL 32114

Title D
Name GRIFFIN, WILLIAM J
Address 303 N CLYDE MORRIS BLVD
City-State-Zip: DAYTONA BEACH FL 32114

Title D
Name PEBURN, ERIC
Address 303 N CLYDE MORRIS BLVD
City-State-Zip: DAYTONA BEACH FL 32114

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEFF FEASEL

DIRECTOR

03/02/2021

Electronic Signature of Signing Officer/Director Detail

Date