

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000002666

**Entity Name:** DYSPHAGIA UNIVERSITY, INC.

**Current Principal Place of Business:**

77 BAY BRIDGE DR.  
GULF BREEZE, FL 32561

**Current Mailing Address:**

77 BAY BRIDGE DR.  
GULF BREEZE, FL 32561 US

**FEI Number:** 47-5031579

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MATEER, LESLEY  
77 BAY BRIDGE DR.  
GULF BREEZE, FL 32561 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 P  
Name MATEER, LESLEY  
Address 77 BAY BRIDGE DR.  
City-State-Zip: GULF BREEZE FL 32561

Title CFO  
Name MATEER, CRAIG  
Address 77 BAY BRIDGE DR.  
City-State-Zip: GULF BREEZE FL 32561

Title DOO  
Name TOMPKINS, CORY  
Address 77 BAY BRIDGE DR.  
City-State-Zip: GULF BREEZE FL 32561

Title D  
Name BARRETT, JULIANA  
Address 77 BAY BRIDGE DR.  
City-State-Zip: GULF BREEZE FL 32561

*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:** CRAIG MATEER

CFO

02/25/2021

Electronic Signature of Signing Officer/Director Detail

Date