

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000001390

Entity Name: PATIENT EDUCATION MOVEMENT, INC.**Current Principal Place of Business:**9873 LAS PLAYAS CT
FORT MYERS, FL 33919**Current Mailing Address:**9873 LAS PLAYAS CT
FORT MYERS, FL 33919 US**FEI Number:** 81-5256067**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FISCELLA, SUZANNE J
9873 LAS PLAYAS CT
FORT MYERS, FL 33919 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:** SUZANNE FISCELLA

02/13/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PSTD
Name FISCELLA, SUZANNE
Address 9873 LAS PLAYAS CT
City-State-Zip: FORT MYERS FL 33919

Title D
Name MITCHELL, JONATHAN
Address 9873 LAS PLAYAS CT
City-State-Zip: FORT MYERS FL 33919

Title D
Name LOUTZENHISER, CHRIS MD
Address 9873 LAS PLAYAS CT
City-State-Zip: FORT MYERS FL 33919

Title V
Name FINDLEY, DAVID
Address 9873 LAS PLAYAS CT
City-State-Zip: FORT MYERS FL 33919

Title C
Name PANCYAK, DENISE
Address 9873 LAS PLAYAS CT
City-State-Zip: FORT MYERS FL 33919

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: SUZANNE FISCELLA

PSTD

02/13/2021

Electronic Signature of Signing Officer/Director Detail

Date