

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000002370

**Entity Name:** CHRONIC CONDITION RESEARCH, INC.

**Current Principal Place of Business:**

1497 MAIN STREET  
304  
DUNEDIN, FL 34698

**Current Mailing Address:**

1497 MAIN STREET  
304  
DUNEDIN, FL 34698 US

**FEI Number:** 82-0653836

**Certificate of Status Desired:** No

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

FIRE TO FORM LLC  
260 1ST AVE S  
UNIT 12  
ST. PETERSBURG, FL 33701 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:** JAMIE MARCARIO

04/28/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SARNA, SHIVAN  
Address 1497 MAIN STREET  
City-State-Zip: DUNEDIN FL 34698

Title VP  
Name DESROSIERS, DAVID  
Address 1497 MAIN STREET  
City-State-Zip: DUNEDIN FL 34698

Title D  
Name REGAN, KRISTY  
Address 8036 SE CARLTON ST.  
City-State-Zip: PORTLAND OR 97206

Title D  
Name ANDERSON, GAYLE  
Address 4670 ARDALE ST  
City-State-Zip: SARASOTA FL 34232

Title D  
Name LARSON, MILES  
Address 1565 1ST ST, RM 110  
City-State-Zip: SARASOTA FL 34231

*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:** SHIVAN SARNA

PRESIDENT

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date