Electronic Signature of Signing Officer/Director Detail

City-State-Zip: ORLANDO FL 32819

SUITE 610

PRESIDENT

S

Title

Name

Address

City-State-Zip:

SUITE 200 ALTAMONTE SPR	INGS, FL 32714 US
The above named en	tity submits this statement for the purpose of changing its registered office or registered agent, or both, in
SIGNATURE:	CHAD A. BARR

ORLANDO,	FL 32819		

Current Mailing Address:

5401 SOUTH KIRKMAN ROAD SUITE 610 ORLANDO, FL 32819 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

ANTHONY-SMITH, CORETTA

5401 SOUTH KIRKMAN ROAD

Electronic Signature of Registered Agent

LAW OFFICE OF CHAD A. BARR, PA 238 N WESTMONTE DRIVE SU AI

Officer/Director Detail :

Title

Name

Address

Τł n the State of Florida.

SIGNATURE: CHAD A. BARR

SECRETARY

02/02/2021

Date

02/02/2021 Date

FILED Feb 02, 2021 Secretary of State 4097839584CC

Certificate of Status Desired: No

VP, TREASURER, SECRETARY

986 DOUGLAS AVE, SUITE 100

ALTAMONTE SPRINGS FL 32714

BARR, CHAD

VP, TREASURER,

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000002973

Entity Name: FLORIDIANS FOR PATIENT ACCESS, INC.

Current Principal Place of Business:

5401 SOUTH KIRKMAN ROAD SUITE 610 ORI ANDO, EL 32819