

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000011860

Entity Name: FOUND MEDIC INCORPORATED**Current Principal Place of Business:**3971 NW 30TH TERRACE
3
LAUDERDALE LAKES , FL 33309**Current Mailing Address:**3971 NW 30 TH TERRACE
3
LAUDERDALE LAKES, FL 33309 US**FEI Number: 36-4774470****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MACKEY, CRYSTALINE
3971 NW 30 TH TERRACE
3
LAUDERDALE LAKES , FL 33309 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	MACKEY, CRYSTALINE D
Address	3971 NW 30 TH TERRACE 3
City-State-Zip:	LAUDERDALE LAKES FL 33309

Title	VP
Name	MACKEY, CRYSTALINE
Address	3971 NW 30 TH TERRACE
City-State-Zip:	LAUDERDALE LAKES FL 33309

Title	D
Name	MACKEY, CRYSTALINE
Address	3971 NW 30 TH TERRACE 3
City-State-Zip:	LAUDERDALE LAKES FL 33309

Title	SEC
Name	MACKEY, CRYSTALINE D
Address	3971 NW 30 TH TERRACE 3
City-State-Zip:	LAUDERDALE LAKES FL 33309

Title	T
Name	MACKEY, CRYSTALINE
Address	3971 NW 30 TH TERRACE 3
City-State-Zip:	LAUDERDALE LAKES FL 33309

Title	D
Name	MACKEY, CRYSTALINE
Address	3971 NW 30 TH TERRACE
City-State-Zip:	LAUDERDALE LAKES FL 33309

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: MACKEY, CRYSTALINE D**OWNER****05/05/2021**

Electronic Signature of Signing Officer/Director Detail

Date