

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000011014

Entity Name: SANCTUARY CLINICS, INC.**Current Principal Place of Business:**114 NW DIXIE STREET
GREENVILLE, FL 32331**Current Mailing Address:**PO BOX 57
GREENVILLE, FL 32331 US**FEI Number:** 84-3394946**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NACHTWEY, KIMBERLY D
13639 ALLAMANDA CIRCLE
PORT CHARLOTTE, FL 33981 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	S
Name	NACHTWEY, KIMBERLY D
Address	13639 ALLAMANDA CIRCLE
City-State-Zip:	PORT CHARLOTTE FL 33981

Title	PD
Name	HOSKINS, DAVID S
Address	13639 ALLAMANDA CIRCLE
City-State-Zip:	PORT CHARLOTTE FL 33981

Title	VPSD
Name	NACHTWEY, KIMBERLY D
Address	13639 ALLAMANDA CIRCLE
City-State-Zip:	PORT CHARLOTTE FL 33981

Title	TD
Name	ABURIME, STEPHEN
Address	1290 NW HONEY LAKE RD
City-State-Zip:	GREENVILLE FL 32331

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: DAVID HOSKINS**PRESIDENT****04/07/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date