

2022 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 VPSD
Name NACHTWEY, KIMBERLY D
Address 13639 ALLAMANDA CIRCLE
City-State-Zip: PORT CHARLOTTE FL 33981

Title STD
Name ABURIME, STEPHEN
Address 114 NW DIXIE STREET
City-State-Zip: GREENVILLE FL 32331

Title PD
Name HOSKINS, DAVID S
Address 984 BOSTON HIGHWAY
City-State-Zip: MONTICELLO FL 32344

Title TD
Name ABURIME, STEPHEN
Address 114 NW DIXIE STREET
City-State-Zip: GREENVILLE FL 32331

Title D
Name AKOTO, SESI
Address 984 BOSTON HIGHWAY
City-State-Zip: MONTICELLO FL 32344

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: STEPHEN ABURIME**DIRECTOR****06/01/2022**

Electronic Signature of Signing Officer/Director Detail

Date