

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000011014

**Entity Name:** SANCTUARY CLINICS, INC.

**Current Principal Place of Business:**

1590 N JEFFERSON HIGHWAY  
MONTICELLO, FL 32344

**Current Mailing Address:**

P.O. BOX 1075  
MONTICELLO, FL 32345-1075 US

**FEI Number:** 84-3394946

**Certificate of Status Desired:** No

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

ABURIME, STEPHEN O  
114 NW DIXIE STREET  
GREENVILLE, FL 32331 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:** STEPHEN ABURIME

04/29/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	S	Title	PD
Name	ABURIME, STEPHEN O	Name	HOSKINS, DAVID S
Address	114 NW DIXIE STREET	Address	984 BOSTON HIGHWAY
City-State-Zip:	GREENVILLE FL 32331	City-State-Zip:	MONTICELLO FL 32344
Title	VPSD	Title	D
Name	ABURIME, STEPHEN O	Name	AKOTO, SESI
Address	114 NW DIXIE STREET	Address	984 BOSTON HIGHWAY
City-State-Zip:	GREENVILLE FL 32331	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

**EXECUTIVE DIRECTOR**

04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date