

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000012550

Entity Name: 7 OAKS HEALTHCARE, INC.

Current Principal Place of Business:

1723 MAHAN CENTER BOULEVARD
TALLAHASSEE, FL 32308

Current Mailing Address:

1723 MAHAN CENTER BOULEVARD
TALLAHASSEE, FL 32308 US

FEI Number: 87-3475393

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WERTMAN, WILLIAM E
1723 MAHAN CENTER BOULEVARD
TALLAHASSEE, FL 32308 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 D
Name BOYD, JANEGALE RN
Address 735 W. WASHINGTON ST
City-State-Zip: MONTICELLO FL 32344

Title D
Name CRAYTON, GARY CPA
Address 2973 MEDINAH COURT
City-State-Zip: TALLAHASSEE FL 32312

Title D
Name HARVARD, JOHN CPA
Address 2946 N. UMBERLAND RD
City-State-Zip: TALLAHASSEE FL 32309

Title CEO
Name WERTMAN, WILLIAM
Address 4097 FORSYTHE WAY
City-State-Zip: TALLAHASSEE FL 32309

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: WILLIAM E WERTMAN

CEO

04/17/2023

Electronic Signature of Signing Officer/Director Detail

Date