

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006567

Entity Name: FOUNDATION FOR COMPLEMENTARY HEALTH CARE, INC.

Current Principal Place of Business:

900 VILLAGE SQUARE CROSSING
STE 103
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

PO BOX 224071
WEST PALM BEACH, FL 33422 US

FEI Number: 65-0962723

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOCKE, MARK W DR.
900 VILLAGE SQUARE CROSSING
STE 103
PALM BEACH GARDENS, FL 33410 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: MARK W. GOCKE, M.D.

04/27/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PTD
Name GOCKE, MARK MD
Address PO BOX 224071
City-State-Zip: WEST PALM BEACH FL 33422

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: MARK W GOCKE MD

PTD

04/27/2021

Electronic Signature of Signing Officer/Director Detail

Date