

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 210139

**Entity Name:** FLAGLER MEDICAL ARTS BUILDINGS, INC.

**Current Principal Place of Business:**

1416 TUSCA TR  
WINTER SPRINGS, FL 32708

**Current Mailing Address:**

10783 NARCOOSSEE ROAD., #117  
ORLANDO, FL 32832 US

**FEI Number: 59-0875520**

**Certificate of Status Desired: No**

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

REICH, JOHN  
10783 NARCOOSSEE ROAD  
#117  
ORLANDO, FL 32832 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 REICH, SHYLA G  
Address 1416 TUSCA TR  
City-State-Zip: WINTER SPRINGS FL 32708

Title D  
Name REICH, STEPHEN G  
Address 1416 TUSCA TRAIL  
City-State-Zip: WINTER SPRINGS FL 32708

Title P,T  
Name REICH, JOHN  
Address 10783 NARCOOSSEE ROAD  
#117  
City-State-Zip: ORLANDO FL 32832

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JOHN REICH**

**P**

**04/15/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date