

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L06942

**Entity Name:** PRINCE MEDICAL, INC.

**Current Principal Place of Business:**

1522 SW 112TH STREET  
GAINESVILLE, FL 32607

**Current Mailing Address:**

1522 SW 112TH STREET  
GAINESVILLE, FL 32607 US

**FEI Number:** 59-2956962

**Certificate of Status Desired:** No

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

PRINCE, MIKE  
1522 SW 112TH STREET  
GAINESVILLE, FL 32607 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           | PSD                  | Title           | VPTD                 |
| Name            | PRINCE, P. MICHAEL   | Name            | PRINCE, TAMMY        |
| Address         | 1522 SW 112TH STREET | Address         | 1522 SW 112TH STREET |
| City-State-Zip: | GAINESVILLE FL 32607 | City-State-Zip: | GAINESVILLE FL 32607 |

*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:** P. MICHAEL PRINCE

**PRESIDENT**

**02/04/2021**

Electronic Signature of Signing Officer/Director Detail

Date