

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L39056

**Entity Name:** SCSC, INC.**Current Principal Place of Business:**220 N SYKES CREEK PKWY  
STE 200  
MERRITT ISLAND, FL 32953**Current Mailing Address:**220 N SYKES CREEK PKWY  
STE 200  
MERRITT ISLAND, FL 32953 US**FEI Number:** 59-2999100**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**EL KOMMOS, HANI DR.  
220 N. SYKES CREEK K PKY STE 200  
MERRITT ISLAND, FL 32953 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:** HANI EL KOMMOS

01/23/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                |
|-----------------|--------------------------------|
| Title           | D                              |
| Name            | EL-KOMMOS, HANI                |
| Address         | 220 N SYKES CREEK PKWY STE 200 |
| City-State-Zip: | MERRITT ISLAND FL 32953        |

|                 |                                 |
|-----------------|---------------------------------|
| Title           | D                               |
| Name            | TEURLINGS, LUC                  |
| Address         | 220 N. SYKES CREEK PKWY STE 200 |
| City-State-Zip: | MERRITT ISLAND FL 32953         |

|                 |                                   |
|-----------------|-----------------------------------|
| Title           | D                                 |
| Name            | SEDAROS, ROBERT M.D.              |
| Address         | 220 N SYKES CREEK PKWY<br>STE 200 |
| City-State-Zip: | MERRITT ISLAND FL 32953           |

*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:** EL-KOMMOS, HANI

DR

01/23/2023

Electronic Signature of Signing Officer/Director Detail

Date