

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000031152

Entity Name: CBHEALTHVENTURES, INC.

Current Principal Place of Business:

108 WAGNER ST
BONIFAY, FL 32425

Current Mailing Address:

75 CLAY ST
DEFUNIAK SPRINGS, FL 32435

FEI Number: 59-3641050

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOGWOOD INN OF BONIFAY
75 CLAY ST
DEFUNIAK SPRINGS, FL 32435 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 OWNER
Name SMITH, LAWTON B
Address 75 CLAY ST
City-State-Zip: DEFUNIAK SPRINGS FL 32435

Title D
Name SMITH, KAJSA B
Address 75 CLAY ST
City-State-Zip: DEFUNIAK SPRINGS FL 32435

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: LAWTON B SMITH

OWNER

03/02/2017

Electronic Signature of Signing Officer/Director Detail

Date