

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000045026

**Entity Name:** CENTER FOR FAMILY HEALTH AND PREVENTION, P.A.

**Current Principal Place of Business:**

3165 MCMULLEN BOOTH RD  
UNIT C-1  
CLEARWATER, FL 33761

**Current Mailing Address:**

3165 MCMULLEN BOOTH RD  
UNIT C-1  
CLEARWATER, FL 33761

**FEI Number:** 82-0540569

**Certificate of Status Desired:** No

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

O'NEAL, MICHAEL LDO  
3165 MCMULLEN BOOTH RD  
UNIT C-1  
CLEARWATER, FL 33761 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            PRES  
Name            O'NEAL, MICHAEL DDO  
Address        3165 MCMULLEN BOOTH RD  
City-State-Zip: CLEARWATER FL 33761

*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:** MICHAEL O'NEAL

**PRESIDENT**

**04/09/2024**

\_\_\_\_\_

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_

Date