

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000001521

**Entity Name:** PERMAHEALTH, INC.

**Current Principal Place of Business:**

6404 21'ST AVE W  
H312  
BRADENTON, FL 34209

**Current Mailing Address:**

6404 21'ST AVE W  
H312  
BRADENTON, FL 34209 US

**FEI Number:** 20-0527740

**Certificate of Status Desired:** No

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

BERGER, HENRY A  
6404 21'ST AVE W  
H312  
BRADENTON, FL 34209 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           VP  
Name           BERGER, HENRY ALAN  
Address       6404 21'ST AVE W  
                  H312  
City-State-Zip: BRADENTON FL 34209

Title           VP  
Name           BERGER, HENRY A  
Address       6404 21'ST AVE W  
                  H312  
City-State-Zip: BRADENTON FL 34209

Title           SEC  
Name           BERGER, HENRY A  
Address       6404 21'ST AVE W  
                  H312  
City-State-Zip: BRADENTON FL 34209

Title           TRES  
Name           BERGER, HENRY A  
Address       6404 21'ST AVE W  
                  H312  
City-State-Zip: BRADENTON FL 34209

*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:** HENRY A BERGER

VP

01/31/2020

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

\_\_\_\_\_  
Date