

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142722

Entity Name: ACTIVE HEALTH CARE, P.A.

Current Principal Place of Business:

6500 BOWDEN ROAD
SUITE 200
JACKSONVILLE, FL 32216

Current Mailing Address:

6500 BOWDEN ROAD
SUITE 200
JACKSONVILLE, FL 32216 US

FEI Number: 20-1808291

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANTHONY, BERRY, DIRITO & GOODE, LLP
333 FIRST STREET NORTH SUITE 305
JACKSONVILLE BEACH, FL 32250 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 LIPP, AMANDA S
Address 6500 BOWDEN ROAD
SUITE 200
City-State-Zip: JACKSONVILLE FL 32216

Title P
Name LIPP, JEFFREY D DC
Address 6500 BOWDEN ROAD
SUITE 200
City-State-Zip: JACKSONVILLE FL 32216

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: JEFFREY LIPP

VP

04/22/2019

Electronic Signature of Signing Officer/Director Detail

Date