

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000010076

Entity Name: HOUSEFATHER MEDICINE PROFESSIONAL CORPORATION

Current Principal Place of Business:

376 HOUNSLOW AVE.
TORONTO, ONTARIO M2R1H6

Current Mailing Address:

376 HOUNSLOW AVE.
TORONTO, ONTARIO M2R1H6 CA

FEI Number: 98-0647431

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABRAMOWITZ, MELISSA
5161 OAK HILL LANE UNIT 414
DELRAY BEACH, FL 33484 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 PRESIDENT
Name HOUSEFATHER, LESLIE S
Address 376 HOUNSLOW AVE.
City-State-Zip: TORONTO ONTARIO M2R1H6

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: LESLIE HOUSEFATHER

PRESIDENT

04/15/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date