

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000073423

**Entity Name:** CRITCHETT MEDICAL, CORP

**Current Principal Place of Business:**

1220 W YALE ST  
ORLANDO, FL 32804

**Current Mailing Address:**

1220 W YALE ST  
ORLANDO, FL 32804 US

**FEI Number:** 46-0876621

**Certificate of Status Desired:** No

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

CRITCHETT, TAYLOR  
1220 W YALE ST  
ORLANDO, FL 32804 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 P  
Name CRITCHETT, TAYLOR  
Address 1220 W YALE ST  
City-State-Zip: ORLANDO FL 32804

*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:** TAYLOR CRITCHETT

**PRESIDENT**

**03/15/2018**

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

\_\_\_\_\_  
Date