

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000029659

**Entity Name:** SWFL ON-SITE DRUG TESTING INC

**Current Principal Place of Business:**

2612 NATURE POINTE LOOP  
FT. MYERS, FL 33905

**Current Mailing Address:**

2612 NATURE POINTE LOOP  
FT. MYERS, FL 33905 US

**FEI Number:** 46-2467952

**Certificate of Status Desired:** No

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

RICHARDSON, SCOTT  
2612 NATURE POINTE LOOP  
FT. MYERS, FL 33905 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 RICHARDSON, SCOTT  
Address 2612 NATURE POINTE LOOP  
City-State-Zip: FT. MYERS FL 33905

Title VP  
Name RICHARDSON, JENNIFER  
Address 2612 NATURE POINTE LOOP  
City-State-Zip: FT. MYERS FL 33905

Title S  
Name RICHARDSON, JENNIFER  
Address 2612 NATURE POINTE LOOP  
City-State-Zip: FT. MYERS FL 33905

Title T  
Name RICHARDSON, SCOTT  
Address 2612 NATURE POINTE LOOP  
City-State-Zip: FT. MYERS FL 33905

*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:** SCOTT RICHARDSON

**PRESIDENT**

**02/15/2017**

Electronic Signature of Signing Officer/Director Detail

Date