

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000102554

Entity Name: MATTHEW D. HELSING, O.D., PA**Current Principal Place of Business:**1108 SOUTH DALE MABRY HIGHWAY
C
TAMPA, FL 33629**Current Mailing Address:**12245 GARDEN LAKE CIRCLE
ODESSA, FL 33556 US**FEI Number:** 47-2676356**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HELSING, MATTHEW D
12245 GARDEN LAKE CIRCLE
ODESSA, FL 33556 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	PRES
Name	HELSING, MATTHEW D
Address	12245 GARDEN LAKE CIRCLE
City-State-Zip:	ODESSA FL 33556

Title	VP
Name	HELSING, MATTHEW D
Address	12245 GARDEN LAKE CIRCLE
City-State-Zip:	ODESSA FL 33556

Title	SECT
Name	HELSING, JENNIFER
Address	12245 GARDEN LAKE CIRCLE
City-State-Zip:	ODESSA FL 33556

Title	TREA
Name	HELSING, JENNIFER
Address	12245 GARDEN LAKE CIRCLE
City-State-Zip:	ODESSA FL 33556

Title	DIR
Name	HELSING, MATTHEW D
Address	12245 GARDEN LAKE CIRCLE
City-State-Zip:	ODESSA FL 33556

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: MATTHEW HELSING

PRESIDENT

05/16/2021

Electronic Signature of Signing Officer/Director Detail_____
Date