

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000003877

Entity Name: MAGNOLIA ADULT MEDICAL CORP

Current Principal Place of Business:

777 WEST DUVAL STREET
LAKE CITY, FL 32055

Current Mailing Address:

777 WEST DUVAL STREET
LAKE CITY, FL 32055 UN

FEI Number: 82-5304093

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLUME, JAMES V JR
602 S JEFFERSON ST
PERRY, FL 32347 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 KHODR, BILAL
Address 777 WEST DUVAL STREET
City-State-Zip: LAKE CITY FL 32055

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: BILAL KHODR

PRESIDENT

04/16/2019

Electronic Signature of Signing Officer/Director Detail

Date