

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000024661

Entity Name: GALE HEALTHCARE SOLUTIONS ATLANTA, INC.

Current Principal Place of Business:

11274 W. HILLSBOROUGH AVE.
TAMPA, FL 33635

Current Mailing Address:

11274 W. HILLSBOROUGH AVE.
TAMPA, FL 33635 US

FEI Number: 82-4704553

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRASWELL, JAMES A
11274 W. HILLSBOROUGH AVE.
TAMPA, FL 33635 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 BRASWELL, JAMES A
Address 11274 W. HILLSBOROUGH AVE.
City-State-Zip: TAMPA FL 33635

Title VP
Name BREIDEL, SHAWN
Address 7246 EAST BANK DRIVE
City-State-Zip: TAMPA FL 33617

Title VP
Name SIMINGTON, COREY
Address 7246 EAST BANK DRIVE
City-State-Zip: TAMPA FL 33617

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: JAMES BRASWELL

OWNER

04/09/2019

Electronic Signature of Signing Officer/Director Detail

Date