

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000011726

**Entity Name:** SLH MEDICAL CORP.

**Current Principal Place of Business:**

14449 N DALE MABRY HWY  
TAMPA, FL 33618

**Current Mailing Address:**

12904 RAIN FOREST ST.  
TEMPLE TERRACE, FL 33617 US

**FEI Number:** 83-3537114

**Certificate of Status Desired:** No

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

HALL, SHAWN L  
12904 RAIN FOREST ST.  
TEMPLE TERRACE, FL 33617 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 PSTD  
Name HALL, SHAWN L  
Address 12904 RAIN FOREST ST.  
City-State-Zip: TEMPLE TERRACE 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:** SHAWN L HALL

**PRESIDENT**

**04/15/2021**

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

\_\_\_\_\_  
Date