

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000006984

Entity Name: ALTRUISTIC MEDICAL ACADEMY, INC

Current Principal Place of Business:

1253 PARK STREET
CLEARWATER, FL 33756

Current Mailing Address:

1253 PARK STREET
CLEARWATER, FL 33756 US

FEI Number: 86-1868723

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SISLER, CHRISTINA M
1253 PARK STREET
CLEARWATER, FL 33756 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 PRESIDENT/CHAIRMAN OF THE
 BOARD/PROGRAM DIRECTOR,
 SHAREHOLDER OF 88%
Name SISLER, CHRISTINA MARIE
Address 298 SKIFF
 203
City-State-Zip: CLEARWATER FL 33756

Title BOARD MEMBER/ADVISORY BOARD
Name NEU, TINA IRENE DR.
Address 1817 CALAMAR
City-State-Zip: TORRANCE CA 90501

Title ADMISSIONS
 DIRECTOR/ADMINISTRATIVE
 ASSISTANT/ADVISORY BOARD
Name MCKENZIE, RACHEL
Address 2955 CATHERINE DRIVE
City-State-Zip: CLEARWATER FL 33759

Title COO, BOARD
 MEMBER/SHAREHOLDER OF 12%
Name PETERSON, DOUGLAS W
Address 824 ISLAND WAY
City-State-Zip: CLEARWATER BEACH FL 37767

Title ADMIRATIVE DIRECTOR/ADVISORY
 BOARD
Name GIALKETSIS, DONA
Address 824 ISLAND WAY
City-State-Zip: CLEARWATER FL 33767

Title BOARD MEMBER, TREASURER
Name TOLLER, LESLIE
Address 2230 NURSERY
City-State-Zip: CLEARWATER FL 33756

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: CHRISTINA SISLER

PRESIDENT

04/08/2022

Electronic Signature of Signing Officer/Director Detail

Date