

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000008754

**Entity Name:** LIFE MEDICAL SERVICE CORP

**Current Principal Place of Business:**

11171 53RD AVE. N  
ST. PETERSBURG, FL 33708

**Current Mailing Address:**

11171 53RD AVE. N  
ST. PETERSBURG, FL 33708

**FEI Number: 88-0674802**

**Certificate of Status Desired: No**

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

LESZCZAK, JAROSLAW  
11171 53RD AVE. N  
ST. PETERSBURG, FL 33708 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 LESZCZAK, JAROSLAW  
Address 11171 53RD AVE. N  
City-State-Zip: ST. PETERSBURG FL 33708

*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: JAROSLAW LESZCZAK**

**PRESIDENT**

**01/25/2023**

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

\_\_\_\_\_  
Date