## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22000067363

**Entity Name: STARMED HEALTHCARE CORPORATION** 

**Current Principal Place of Business:** 

5333 DEER ISLAND ROAD

GREEN COVE SPRINGS. FL 32043

**Current Mailing Address:** 

5333 DEER ISLAND ROAD

GREEN COVE SPRINGS, FL 32043 US

FEI Number: 88-3954308 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WELLS, STEVEN C 5333 DEER ISLAND ROAD GREEN COVE SPRINGS, FL 32043 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

FILED Apr 10, 2024

**Secretary of State** 

2529602808CC

Officer/Director Detail:

Title P Title VP

Name WELLS, STEVEN C Name WELLS, AMY P

Address 5333 DEER ISLAND ROAD Address 5333 DEER ISLAND ROAD

City-State-Zip: GREEN COVE SPRINGS FL 32043 City-State-Zip: GREEN COVE SPRINGS FL 32043

Title T Title S

Name WELLS, STEVEN C Name WELLS, AMY P

Address 5333 DEER ISLAND ROAD Address 5333 DEER ISLAND ROAD

City-State-Zip: GREEN COVE SPRINGS FL 32043 City-State-Zip: GREEN COVE SPRINGS FL 32043

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: STEVEN CRAIG WELLS

**PRESIDENT** 

04/10/2024