

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22000082780

Entity Name: MATAX SARASOTA INC.**Current Principal Place of Business:**8006 BENJAMIN ROAD
TAMPA, FL 33634**Current Mailing Address:**8006 BENJAMIN ROAD
TAMPA, FL 33634 US**FEI Number:** 61-2058063**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NORTHWEST REGISTERED AGENT
7901 4TH STREET
N STE 300
ST. PETERSBURG, FL 33702 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	SCHAFER, RONALD M
Address	416 WEST CHESTERMERE DRIVE
City-State-Zip:	CHESTERMERE AB T1X 1-B3

Title	D
Name	SCHAFER, RONALD M
Address	416 WEST CHESTERMERE DRIVE
City-State-Zip:	CHESTERMERE AB T1X 1-B3

Title	S
Name	SCHAFER, RONALD M
Address	416 WEST CHESTERMERE DRIVE
City-State-Zip:	CHESTERMERE AB T1X 1-B3

Title	D
Name	SCHAFER, RONALD M
Address	416 WEST CHESTERMERE DRIVE
City-State-Zip:	CHESTERMERE AB T1X 1-B3

Title	D
Name	SCHAFER, KIMBERLEY G
Address	416 WEST CHESTERMERE DRIVE
City-State-Zip:	CHESTERMERE T1X 1-B3

Title	D
Name	SCHAFER, MAX V
Address	416 WEST CHESTERMERE DRIVE
City-State-Zip:	CHESTERMERE AB T1X 1-B3

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: RONALD M SCHAFER**PRESIDENT****04/11/2023**

Electronic Signature of Signing Officer/Director Detail

Date