

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000019264

Entity Name: CLEARWATER NATURAL MEDICAL CENTER, INC.

Current Principal Place of Business:

1804 CYPRESS PRESERVE DRIVE
6-103
LUTZ, FL 33549

Current Mailing Address:

1804 CYPRESS PRESERVE DRIVE
6-103
LUTZ, FL 33549 US

FEI Number: 59-3363851

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

O'NEILL, JOHN
2038 OTTER WAY
PALM HARBOR, FL 34685 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 CEO
Name O'NEILL, JOHN
Address 2038 OTTER WAY
City-State-Zip: PALM HARBOR FL 34685

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: JOHN O'NEILL

CEO

04/01/2019

Electronic Signature of Signing Officer/Director Detail

Date