

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000058071

Entity Name: STARKE MEDICAL CENTER, INC.

Current Principal Place of Business:

1548-B S WATER ST
STARKE, FL 32091

Current Mailing Address:

4881 NW 8TH AVENUE
SUITE 3
GAINESVILLE, FL 32605 US

FEI Number: 59-3457522

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SALTER, JAMES
3940 NW 16TH BLVD
GAINESVILLE, FL 32606 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 MS
Name BRADY, JEANNINE PTSD
Address 13214 NW COUNTY ROAD 231
City-State-Zip: GAINESVILLE FL 32609

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: JEANNINE BRADY

PRESIDENT

03/18/2018

Electronic Signature of Signing Officer/Director Detail

Date