

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000000180

**Entity Name:** HEALTH SAFE SERVICES, INC.

**Current Principal Place of Business:**

435 EAST MADISON ST  
STARKE, FL 32091

**Current Mailing Address:**

435 EAST MADISON STREET  
STARKE, FL 32091 US

**FEI Number:** 59-3482876

**Certificate of Status Desired:** No

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

DAVIS, BRIAN A  
814 W PRATT ST  
STARKE, FL 32091 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	Title	T
Name	DAVIS, BRIAN A	Name	DAVIS, LAURA L
Address	814 W PRATT ST	Address	814 W PRATT ST
City-State-Zip:	STARKE FL 32091	City-State-Zip:	STARKE FL 32091

Title BOARD MEMBER  
 Name DAVIS, BRIAN KEITH  
 Address 1304 BRADFORD ST.  
 City-State-Zip: STARKE FL 32091

*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:** LAURA L DAVIS

**TREASURER**

**03/22/2024**

Electronic Signature of Signing Officer/Director Detail

Date