

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000068925

**Entity Name:** TOWER HEALTH CENTER, INC.

**Current Principal Place of Business:**

10123 WEST OAKLAND PARK BLVD  
SUNRISE, FL 33351

**Current Mailing Address:**

2402 SW 132 WAY  
DAVIE, FL 33325 US

**FEI Number:** 65-0857350

**Certificate of Status Desired:** No

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

MAYER, CRAIG  
2402 SW 132 WAY  
DAVIE, FL 33325 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 MAYER, CRAIG A  
Address 2402 SW 132 WAY  
City-State-Zip: DAVIE FL 33325

*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:** CRAIG MAYER

**MANAGER**

**02/09/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date