

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000003226

**Entity Name:** CURTISS HEALTHCARE, INC.

**Current Principal Place of Business:**

525 WESTPARK DRIVE  
SUITE 230  
PEACHTREE CITY, GA 30269

**Current Mailing Address:**

525 WESTPARK DRIVE  
SUITE 230  
PEACHTREE CITY, GA 30269 US

**FEI Number:** 47-4563237

**Certificate of Status Desired:** No

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

REGISTERED AGENT SOLUTIONS, INC.  
2894 REMINGTON GREEN LANE  
SUITE A  
TALLAHASSEE, FL 32308 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, DIRECTOR  
Name WILKINSON, GLEN  
Address 525 WESTPARK DRIVE  
SUITE 230  
City-State-Zip: PEACHTREE CITY GA 30269

Title DIRECTOR  
Name VANDER VEEN, RYAN  
Address 525 WESTPARK DRIVE  
SUITE 230  
City-State-Zip: PEACHTREE CITY GA 30269

Title TREASURER  
Name OSLAND, DENISE  
Address 525 WESTPARK DRIVE  
SUITE 230  
City-State-Zip: PEACHTREE CITY GA 30269

Title SECRETARY, DIRECTOR  
Name GAZINSCHI, DARIUS  
Address 525 WESTPARK DRIVE  
SUITE 230  
City-State-Zip: PEACHTREE CITY GA 30269

*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:** DARIUS GAZINSCHI

**SECRETARY**

**01/19/2024**

Electronic Signature of Signing Officer/Director Detail

Date