

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000007298

**Entity Name:** THRIVE MEDICAL MANAGEMENT INC.

**Current Principal Place of Business:**

52 TUSCAN WAY STE 202-377  
ST AUGUSTINE, FL 32092

**Current Mailing Address:**

52 TUSCAN WAY STE 202-377  
ST AUGUSTINE, FL 32092 US

**FEI Number: 84-4117804**

**Certificate of Status Desired: No**

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

TANZA, EDWARD  
52 TUSCAN WAY STE 202-377  
ST AUGUSTINE, FL 32092 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 TANZA, EDWARD  
Address 52 TUSCAN WAY STE 202-377  
City-State-Zip: ST AUGUSTINE FL 32092

Title VP  
Name BARBER, JORDAN  
Address 59 SYCAMORE RD  
City-State-Zip: ROCKY POINT NY 11778

Title DIR, SEC  
Name LABBADIA, JOSEPH  
Address 12 SADDLEBROOK LANE  
City-State-Zip: MANORVILLE NY 11949

*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: EDWARD TANZA**

**PRESIDENT**

**01/26/2023**

Electronic Signature of Signing Officer/Director Detail

Date