# 2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# F16000004435

### Entity Name: PATH MEDICAL CENTER HOLDINGS, INC.

#### **Current Principal Place of Business:**

6220 SOUTH ORANGE BLOSSOM TRAIL STE 200 ORLANDO, FL 32809

#### **Current Mailing Address:**

6220 SOUTH ORANGE BLOSSOM TRAIL STE 200 ORLANDO, FL 32809 US

# FEI Number: 81-3942921

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

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

# **Officer/Director Detail :**

Electronic Signature of Registered Agent

Title	D, P, S	Title	VP, CCO
Name	LEWIN, ROBERT DR.	Name	PERMAUL, RUSSELL
Address	6220 SOUTH ORANGE BLOSSOM TRAIL STE 200	Address	6220 SOUTH ORANGE BLOSSOM TRAIL STE 200
City-State-Zip:	ORLANDO FL 32809	City-State-Zip:	ORLANDO FL 32809

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: ROBERT LEWIN

CEO

#### 04/30/2018

Date

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Apr 30, 2018 Secretary of State CC8529623421

Certificate of Status Desired: No