

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000068796

**Entity Name:** P3 MEDICAL, INC.

**Current Principal Place of Business:**

766 N SUN DR.  
1060  
LAKE MARY, FL 32746

**Current Mailing Address:**

315 W BLUE WATER EDGE DR  
EUSTIS, FL 32736 US

**FEI Number:** 27-0766618

**Certificate of Status Desired:** No

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

POLLEY, PATTY L  
315 W BLUE WATER EDGE DR  
EUSTIS, FL 32736 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	V
Name	POLLEY, PATTY L	Name	POLLEY, BRANDON
Address	315 W BLUE WATER EDGE DR	Address	1086 VICTORIA HILLS DR. S
City-State-Zip:	EUSTIS FL 32736	City-State-Zip:	DELAND FL 32724

*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:** PATTY POLLEY

**PRESIDENT**

**01/26/2023**

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

\_\_\_\_\_  
Date