

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000088536

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

**Current Principal Place of Business:**

9745 SW 184TH STREET  
PALMETTO BAY, FL 33157

**Current Mailing Address:**

9745 SW 184TH STREET  
PALMETTO BAY, FL 33157

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CLEMENT, DAMARYS  
9745 SW 184TH STREET  
PALMETTO BAY, FL 33157 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            COO  
Name            CLEMENT, DAMARYS  
Address        9745 SW 184TH STREET  
City-State-Zip: PALMETTO BAY FL 33157

*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:** DAMARYS CLEMENT

COO

01/13/2023

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

\_\_\_\_\_ Date