

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000011062

Entity Name: L.O.T. HEALTH SERVICES, INC.**Current Principal Place of Business:**11924 FOREST HILL BLVD
SUITE 10A-243
WELLINGTON, FL 33414**Current Mailing Address:**11924 FOREST HILL BLVD
SUITE 10A-243
WELLINGTON, FL 33414 US**FEI Number:** 47-2640945**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JOHNSON & MONTAS ATTORNEYS AT LAW
1290 U.S. HIGHWAY ONE
ROCKLEDGE, FL 32955 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:** KAREN M. MONTAS

01/12/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	RODRIGUEZ-LOUIS, MAGALI
Address	17631 30TH LANE NORTH
City-State-Zip:	LOXAHATCHEE FL 33470

Title	VP
Name	CRONAN, MICHAEL E
Address	11924 FOREST HILL BLVD SUITE 10A-243
City-State-Zip:	WELLINGTON FL 33414

Title	SECRETARY
Name	LOUIS, RODNEY
Address	11924 FOREST HILL BLVD SUITE 10A-243
City-State-Zip:	WELLINGTON FL 33414

Title	TREASURER
Name	LOTTMAN, RAQUEL A.
Address	11924 FOREST HILL BLVD SUITE 10A-243
City-State-Zip:	WELLINGTON FL 33414

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MAGALI RODRIGUEZ-LOUIS**EXECUTIVE DIRECTOR**

01/12/2021

Electronic Signature of Signing Officer/Director Detail

Date