

2018 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

07/23/2018

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 MEDICAL DIRECTOR
Name THUNE, MICHELE J
Address 11924 FOREST HILL BLVD
SUITE 10A-243
City-State-Zip: WELLINGTON FL 33414

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

Title VP
Name CRONAN, MICHAEL E
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

PRESIDENT

07/23/2018

Electronic Signature of Signing Officer/Director Detail

Date