

**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