#### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000009731

Entity Name: PRESTIGE COMMUNITY CLINIC INC.

FILED Apr 30, 2019 Secretary of State 6860714945CC

### **Current Principal Place of Business:**

110 W 7TH. STREET LAKELAND. FL 33805

## **Current Mailing Address:**

579 FINCH CT.

KISSIMMEE, FL 34759

FEI Number: 81-4005971 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

LOCKHART, ANN V 579 FINCH CT. KISSIMMEE, FL 34759 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

Name LOCKHART, ANN V Name WIGGAN, MAXINE

Address 579 FINCH CT Address 15144 SPINNAKER COVE LANE
City-State-Zip: KISSIMMEE FL 34759 City-State-Zip: WINTER GARDEN FL 34787

Title S. Title AS S

Name ORTIZ- NIEVES, JENNY Name MURPHY, SHELLEY CASEY

Address 1422 SARASOTA DRIVE Address 1616 LAGOON RD

City-State-Zip: KISSIMMEE FL 34759 City-State-Zip: LAKELAND FL 33803

Title T Title AS T

NameMERTUNE, JIMYNameGEORGE, CLARAAddress1317 WOODLAKE CIRCLEAddressPLYMOUTH STCity-State-Zip:ST. CLOUD FL 34772City-State-Zip:TAMPA FL 33603

Title PRO Title DIRECTOR

NameEDMOND, ELYSEE DR.NameMURPHY, PATRICKAddress7416 LITTLE POND RDAddress1616 LAGOON RDCity-State-Zip:ORLANDO FL 32810City-State-Zip:LAKELAND FL 33803

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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: ANN V LOCKHART REGISTERED AGENT 04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name COVEY, YOLANDA

Address 1006 OCEANBREEZE CT.
City-State-Zip: ORLANDO FL 32828