2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 31, 2017
Secretary of State
CC5704344033

DOCUMENT# N16000009731

Entity Name: PRESTIGE COMMUNITY CLINIC INC.

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
Name	LOCKHART, ANN V
Address	579 FINCH CT
City-State-Zip:	KISSIMMEE FL 34759

Title	S.
Name	ORTIZ- NIEVES, JENNY
Address	1422 SARASOTA DRIVE
City-State-Zip:	KISSIMMEE FL 34759

Title	T
Name	MORTON, SHERIAN
Address	1970 MCKINLEY ST.
City-State-Zip:	CLEARWATER FL 33756

Title	PRO
Name	ELLERBEE, KATHERINE
Address	4516 GARDEN CITY DR
City-State-Zip:	LITHONIA GA 30038

Title	VP
Name	WIGGAN, MAXINE
Address	15144 SPINNAKER COVE LANE
City-State-Zip:	WINTER GARDEN FL 34787

Title	AS S
Name	BAPTISTE, GARYANN G
Address	579 FINCH CT.
City-State-Zip:	KISSIMMEE FL 34759

Title	AS T
Name	GEORGE, CLARA
Address	PLYMOUTH ST
City-State-Zip:	TAMPA FL 33603

Title	DIRECTOR
Name	MURPHY, PATRICK
Address	1616 LAGOON RD
City-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 05/31/2017

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