

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000007571

**Entity Name:** THE ACCESSIBILITY CLINIC INC

**Current Principal Place of Business:**

1357 SELBYDON WAY  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

1357 SELBYDON WAY  
WINTER GARDEN, FL 34787 UN

**FEI Number: 85-1929015**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

VAN VOORHEES, TYLER S  
300 E. HWY. 50  
CLERMONT, FL 34711, FL 34711 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            PRESIDENT  
Name            DAVIS, JEFFREY S  
Address        1357 SELBYDON WAY  
City-State-Zip: WINTER GARDEN FL 34787

Title            SECRETARY  
Name            VIGRASS, JANINE  
Address        1150 OSPREY WAY  
City-State-Zip: APOPKA FL 32712

Title            TREASURER  
Name            LOTT, COREY  
Address        11335 LAKE MONTGOMERY BLVD  
City-State-Zip: CLERMONT FL 34715

Title            VP  
Name            RATTERREE, ERICK  
Address        1765 LAKEMONT DRIVE APT 102  
City-State-Zip: ORLANDO FL 32814

*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: JEFFREY DAVIS**

**PRESIDENT**

**02/04/2021**

Electronic Signature of Signing Officer/Director Detail

Date