

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000667

**Entity Name:** ACA OF CENTRAL FLORIDA, INC.**Current Principal Place of Business:**2759 MARSH WREN CIRCLE  
LONGWOOD, FL 32779**Current Mailing Address:**2759 MARSH WREN CIRCLE  
LONGWOOD, FL 32779**FEI Number:** 59-3195479**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	ED
Name	MEHTA, JASBIR P
Address	2759 MARSH WREN CIRCLE
City-State-Zip:	LONGWOOD FL 32779

Title	T
Name	KHANORKAR, SHARMILA
Address	157 VISTA OAK DRIVE
City-State-Zip:	LONGWOOD FL 32779

Title	D
Name	ARORA, KIRAN
Address	6515 CATRMEL LANE
City-State-Zip:	ORLANDO FL 34786

Title	D
Name	DEIHPANDE, ANIL
Address	8839 SOUTHERN BREEZE DR.
City-State-Zip:	ORLANDO FL 32684

Title	P
Name	CHANDRA, SUBHASH
Address	7973 PLEASANT PINE CIRCLE
City-State-Zip:	WINTER PARK FL 32792

Title	D
Name	GREENBERG, YUDIT
Address	2144 VENETIAN WAY
City-State-Zip:	WINTER PARK FL 32789

Title	DIRECTOR
Name	DESHPANDE FINNERTY, SHILPA
Address	616 COUNTRY CLUB DR
City-State-Zip:	WINTERPARK FL 32789

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:** JASBIR P MEHTA**DIRECTOR****04/26/2022**

Electronic Signature of Signing Officer/Director Detail

Date