

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000023377

Entity Name: THE MEDICAL CENTRE OF LEHIGH ACRES, INC

Current Principal Place of Business:

1303 HOMESTEAD ROAD NORTH
SUITE # 102-103
LEHIGH ACRES, FL 33936

Current Mailing Address:

1303 HOMESTEAD ROAD NORTH
SUITE #102
LEHIGH ACRES, FL 33936 US

FEI Number: 27-2213206

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RYBACK, RALPH S
1303 HOMESTEAD ROAD NORTH
SUITE #102
LEHIGH ACRES, FL 33936 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 RYBACK, RALPH S DR.
Address 1303 HOMESTEAD ROAD NORTH,
SUITE #102
City-State-Zip: LEHIGH ACRES FL 33936

Title COO
Name SOSA, JAVIER E DR.
Address 1303 HOMESTEAD RD N
102
City-State-Zip: LEHIGH ACRES FL 33936

Title CEO
Name MORALES, PETER
Address 1303 HOMESTEAD RD N
102
City-State-Zip: LEHIGH ACRES FL 33936

Title COO
Name VAZQUEZ, NADIA APRN
Address 1303 HOMESTEAD ROAD NORTH
SUITE #102
City-State-Zip: LEHIGH ACRES FL 33936

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PETER MORALES

CEO

01/16/2020

Electronic Signature of Signing Officer/Director Detail

Date