

2021 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

01/27/2021

Electronic Signature of Signing Officer/Director Detail_____
Date