

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000076371

**Entity Name:** ALLIED MEDICAL OF SW FLORIDA INC

**Current Principal Place of Business:**

2503 DEL PRADO BLVD S  
STE 510  
CAPE CORAL, FL 33904-5709

**Current Mailing Address:**

PO BOX 100788  
CAPE CORAL, FL 33910-0788 US

**FEI Number:** 83-1874810

**Certificate of Status Desired:** No

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

GONZALEZ, AMY L  
2503 DEL PRADO BLVD S  
STE 510  
CAPE CORAL, FL 33904-5709 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            GONZALEZ, AMY L  
Address        2503 DEL PRADO BLVD S  
                  STE 510  
City-State-Zip: CAPE CORAL FL 33904-5709

Title            VP  
Name            GONZALEZ, LUIS C  
Address        2503 DEL PRADO BLVD S  
                  STE 510  
City-State-Zip: CAPE CORAL FL 33904-5709

*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:** AMY GONZALEZ

**PRESIDENT**

**03/16/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date