

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000072763

**Entity Name:** FLORIDA HOME PHYSICIANS, P.A.

**Current Principal Place of Business:**

1475 W ORANGE BLOSSOM TRAIL  
APOPKA, FL 32712

**Current Mailing Address:**

P. O. BOX 916134  
LONGWOOD, FL 32791

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ROSENDO, LEYBERTH M  
287 VISTA OAK DR  
LONGWOOD, FL 32779 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 ROSENDO, LEYBERTH M  
Address 1475 W ORANGE BLOSSOM TRAIL  
City-State-Zip: APOPKA FL 32791

*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:** LEYBERTH M ROSENDO

**PRESIDENT**

**06/28/2020**

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

\_\_\_\_\_ Date