

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

DOCUMENT# N11000011771

**Entity Name:** CHEST INSTITUTE, INC.

**Current Principal Place of Business:**

2625 LEE BLVD  
101  
LEHIGH ACRES, FL 33971

**Current Mailing Address:**

2625 LEE BLVD  
101  
LEHIGH ACRES, FL 33971

**FEI Number:** 45-4193179

**Certificate of Status Desired:** No

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

EL-GENDY, ALAA  
2625 LEE BLVD  
101  
LEHIGH ACRES, FL 33971 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 EL-GENDY, ALAA  
Address 2625 LEE BLVD  
City-State-Zip: LEHIGH ACRES FL 33971

*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:** ALAA EL-GENDY

P

04/30/2022

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

\_\_\_\_\_  
Date