

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000006486

Entity Name: FLEX 4 MEDICAL CENTER CORP.**Current Principal Place of Business:**145 N. MAINSTREET, STE 103
BELLE GLADE, FL 33430**Current Mailing Address:**145 N. MAINSTREET, STE 103
BELLE GLADE, FL 33430 US**FEI Number:** 85-1539491**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**VHB MEDICAL MANAGERMENTS LLC
15800 PINES BLVD STE 332
PEMBROKE PINES, FL 33027 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 ROBERTY, RENAL
Address 145 N. MAINSTREET, STE 103
City-State-Zip: BELLE GLADE FL 33430

Title SEC
Name SANZ, MACDALINE
Address 145 N. MAINSTREET, STE 103
City-State-Zip: BELLE GLADE FL 33430

Title DIR
Name BARNHART, VICTORIA
Address 145 N. MAINSTREET, STE 103
City-State-Zip: BELLE GLADE FL 33430

Title VP
Name BENNETT, TRENISE
Address 145 N. MAINSTREET, STE 103
City-State-Zip: BELLE GLADE FL 33430

Title TRE
Name BENNETT, TRENISE
Address 145 N. MAINSTREET, STE 103
City-State-Zip: BELLE GLADE FL 33430

Title DIR
Name BENNETT, TRENISE
Address 145 N. MAINSTREET, STE 103
City-State-Zip: BELLE GLADE FL 33430

Title DIR
Name ROBERTY, YOYARNY T
Address 145 N. MAINSTREET, STE 103
City-State-Zip: BELLE GLADE FL 33430

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: TRENISE BENNETT

VP

05/31/2021

Electronic Signature of Signing Officer/Director Detail_____
Date