

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 600857

**Entity Name:** CLERMONT MEDICAL CENTER, P.A.

**Current Principal Place of Business:**

1135 LAKE AVE.  
CLERMONT, FL 34711-3037

**Current Mailing Address:**

1135 LAKE AVE.  
CLERMONT, FL 34711 US

**FEI Number:** 59-1261401

**Certificate of Status Desired:** No

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

WINFREY, GARY MICHAEL  
1135 LAKE AVE.  
CLERMONT, FL 34711 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:** GARY MICHAEL WINFREY

04/08/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name WINFREY, KELLEY N DR.  
Address 1135 LAKE AVE  
City-State-Zip: CLERMONT FL 34711

Title PRESIDENT  
Name GUZIK, CHRISTOPHER J DR.  
Address 1135 LAKE AVENUE  
City-State-Zip: CLERMONT FL 34711

Title VP  
Name WINFREY, GARY M DR.  
Address 1135 LAKE AVE.  
City-State-Zip: CLERMONT FL 34711

*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:** CHRISTOPHER J. GUZIK

PRESIDENT

04/08/2024

Electronic Signature of Signing Officer/Director Detail

Date