

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000006099

**Entity Name:** 24TH CENTURY MEDICAL CENTER, INC.

**Current Principal Place of Business:**

5416 TOWN N COUNTRY BLVD  
TAMPA, FL 33615

**Current Mailing Address:**

5416 TOWN N COUNTRY  
TAMPA, FL 33615 US

**FEI Number:** 20-0511044

**Certificate of Status Desired:** No

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

OBI, VICTOR  
5416 TOWN N COUNTRY BLVD  
TAMPA,, FL 33615 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 MGR  
Name OBI, VICTOR  
Address 5416 TOWN N COUNTRY BLVD  
City-State-Zip: TAMPA FL 33615

*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:** OBI, VICTOR

MGR

05/15/2020

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

\_\_\_\_\_ Date