

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000143493

Entity Name: LEROY CHARLES, M.D., P.A.

Current Principal Place of Business:

4849 LAKE WORTH ROAD
SUITE 201
GREENACRES, FL 33463

Current Mailing Address:

4849 LAKE WORTH ROAD
SUITE 201
GREENACRES, FL 33463 US

FEI Number: 20-5924422

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHARLES, LEROY
4849 LAKE WORTH ROAD
SUITE 201
GREENACRES, FL 33463 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 DR
Name CHARLES, LEROY
Address 4849 LAKE WORTH ROAD
SUITE 201
City-State-Zip: GREENACRES FL 33463

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: LEROY CHARLES

MD

02/21/2017

Electronic Signature of Signing Officer/Director Detail

Date