

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000069076

Entity Name: ACCIDENT CARE CENTER OF BOGGY CREEK, INC.

Current Principal Place of Business:

1920 BOGGY CREEK RD.
KISSIMMEE, FL 34744

Current Mailing Address:

PO BOX 452439
KISSIMMEE, FL 34745

FEI Number: 27-3296534

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MERCADO, NOEMI
1920 BOGGY CREEK ROAD
KISSIMMEE, FL 34744 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	Title	VP
Name	MERCADO, NOEMI	Name	SANTI, CELESTINO
Address	1920 BOGGY CREEK ROAD	Address	1920 BOGGY CREEK RD.
City-State-Zip:	KISSIMMEE FL 34744	City-State-Zip:	KISSIMMEE FL 34744

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: NOEMI MERCADO

PRESIDENT

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date