

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000069076

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

**Current Principal Place of Business:**

1920 FORTUNE 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 FORTUNE RD.  
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  
Name SANTI, CELESTINO D  
Address 1920 FORTUNE RD.  
City-State-Zip: KISSIMMEE FL 34744

Title VP  
Name MERCADO, NOEMI  
Address 1920 FORTUNE RD.  
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:** CELESTINO SANTI

**PRESIDENT**

**03/27/2016**

Electronic Signature of Signing Officer/Director Detail

Date