

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000032355

**Entity Name:** LEE ACCIDENT CARE, INC

**Current Principal Place of Business:**

15861 WHITE ORCHID LANE  
FORT MYERS, FL 33908

**Current Mailing Address:**

15861 WHITE ORCHID LANE  
FORT MYERS, FL 33908 US

**FEI Number:** 46-5374693

**Certificate of Status Desired:** No

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

APONTE, LUIS  
15861 WHITE ORCHID LANE  
FORT MYERS, FL 33908 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:** LUIS APONTE

04/28/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DPST  
Name APONTE, LUIS  
Address 15861 WHITE ORCHID LANE  
City-State-Zip: FORT MYERS FL 33908

*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:** LUIS APONTE

**PRESIDENT**

04/28/2025

Electronic Signature of Signing Officer/Director Detail

Date