

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000032355

Entity Name: LEE ACCIDENT CARE, INC

Current Principal Place of Business:

6811 PORTOFINO CIRCLE
F21
FORT MYERS, FL 33912

Current Mailing Address:

6811 PORTOFINO CIRCLE
F21
FORT MYERS, FL 33912 US

FEI Number: 46-5374693

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

APONTE, LUIS
15531 CATALPA COVE DRIVE
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

03/06/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DPST
Name APONTE, LUIS
Address 15531 CATALPA COVE DRIVE
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

DOCTOR

03/06/2018

Electronic Signature of Signing Officer/Director Detail

Date