

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000096912

Entity Name: LEE MED HEALTH CENTER INC

Current Principal Place of Business:

7051 CYPRESS TERRACE
FORT MYERS, FL 33907

Current Mailing Address:

7051 CYPRESS TERRACE
FORT MYERS, FL 33907 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARIAS, ISLEYDIS
7051 CYPRESS TERRACE
FORT MYERS, FL 33907 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 ARIAS, ISLEYDIS
Address 7051 CYPRESS TERRACE
City-State-Zip: FORT MYERS FL 33907

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: ISLEYDIS ARIAS

PRESIDENT

03/09/2019

Electronic Signature of Signing Officer/Director Detail

Date