

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000090928

Entity Name: LIBERTY PHYSICIANS ASSOCIATES, INC.

Current Principal Place of Business:

515 W STATE RD 434
STE:306
LONGWOOD, FL 32750

Current Mailing Address:

515 W STATE RD 434
STE: 306
LONGWOOD, FL 32750 US

FEI Number: 84-3817409

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ADEKUNLE, OLADIMEJI J
515 W STATE RD 434
STE:306
LONGWOOD, FL 32750 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 PRES
Name ADEKUNLE, OLADIMEJI J
Address 515 W STATE RD 434, SUITE 306
City-State-Zip: LONGWOOD FL 32750

Title P
Name ADEKUNLE, OLADIMEJI J
Address 515 W STATE RD 434,SUITE 306
City-State-Zip: LONGWOOD FL 32750

Title PR
Name ADEKUNLE, OLADIMEJI
Address 515 W STATE RD 434 ,SUITE 306
City-State-Zip: LONGWOOD FL 32750

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: OLADIMEJI ADEKUNLE

CEO

03/07/2024

Electronic Signature of Signing Officer/Director Detail

Date