

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000090928

**Entity Name:** LIBERTY PHYSICIANS ASSOCIATES, INC.

**Current Principal Place of Business:**

1250 W STATE RD 434  
1016  
LONGWOOD, FLORIDA, AL 32750

**Current Mailing Address:**

1250 W STATE RD 434  
1016  
LONGWOOD, FL 32750 US

**FEI Number: 84-3817409**

**Certificate of Status Desired: Yes**

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

ADEKUNLE, OLADIMEJI J  
1250 W STATE RD 4334  
1016  
LONGWOOD, FLORIDA, 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        1250 W STATE RD 434, SUITE 1016  
City-State-Zip: LONGWOOD FL 32750

Title            P  
Name            ADEKUNLE, OLADIMEJI J  
Address        1250 W STATE RD 434,SUITE 1016  
City-State-Zip: LONGWOOD FL 32750

Title            PR  
Name            ADEKUNLE, OLADIMEJI  
Address        1250 W STATE RD 434 ,SUITE 1016  
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**

**03/24/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date