

**2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P22000006976

**Entity Name:** LAKELAND RADIUS MEDICAL CENTER, INC

**Current Principal Place of Business:**

340 WEST HIGHLAND DRIVE  
411  
LAKELAND, FL 33813, FL 33813

**Current Mailing Address:**

PO BOX 3268  
ORLANDO, FL 32802 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ENGLERT, JENNIFER A  
12301 LAKE UNDERHILL ROAD  
213  
ORLANDO, FL 32838 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:** JENNIFER ENGLERT

03/14/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BETANCES, PEDRO  
Address 340 WEST HIGHLAND DRIVE  
411  
City-State-Zip: LAKELAND, FL 33813 FL 33813

Title COO  
Name VICENTE, ANICIA  
Address PO BOX 530085  
City-State-Zip: ORLANDO FL 32853

*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:** VICENTE , ANICIA O

COO

03/14/2023

Electronic Signature of Signing Officer/Director Detail

Date