

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000082416

**FILED**  
**Jan 11, 2024**  
**Secretary of State**  
**9483805258CC**

**Entity Name:** ELLIOT N. LEWIS, P.A.

**Current Principal Place of Business:**

14300 RIVA DEL LAGO DRIVE, UNIT 1002 NORTH  
FORT MYERS, FL 33907

**Current Mailing Address:**

14300 RIVA DEL LAGO DRIVE, UNIT 1002 NORTH  
FORT MYERS, FL 33907 US

**FEI Number:** 52-1276996

**Certificate of Status Desired:** No

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

LEWIS, ELLIOT N  
14300 RIVA DEL LAGO DRIVE, UNIT 1002 NORTH  
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	PST	Title	DIR
Name	LEWIS, ELLIOT N	Name	LEWIS, ELLIOT
Address	14300 RIVA DEL LAGO DRIVE, UNIT 1002 NORTH	Address	14300 RIVA DEL LAGO DRIVE, UNIT 1002 NORTH
City-State-Zip:	FORT MYERS FL 33907	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:** ELLIOT N. LEWIS

**PRESIDENT**

**01/11/2024**

Electronic Signature of Signing Officer/Director Detail

Date