

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000044595

**Entity Name:** HENRY LEPELY M.D., P.A.

**Current Principal Place of Business:**

4131 UNIVERSITY BLVD SOUTH  
BLDG 7  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

4131 UNIVERSITY BLVD SOUTH  
BLDG 7  
JACKSONVILLE, FL 32216 US

**FEI Number:** 59-3263605

**Certificate of Status Desired:** Yes

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

LEPELY, HENRY MD  
4131 UNIVERSITY BLVD S , BLDG 7  
BLDG 7  
JACKSONVILLE, FL 32216 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 LEPELY, HENRY MD  
Address 4131 UNIVERSITY BLVD S BLDG 7  
City-State-Zip: JACKSONVILLE FL 32216

*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:** HENRY LEPELY MD

**OWNER/PHYSICIAN**

**04/11/2022**

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

\_\_\_\_\_  
Date