

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000026219

**Entity Name:** MANOR MEDICAL CENTER, INC.

**Current Principal Place of Business:**

1000 N W 10TH AVENUE  
FT LAUDERDALE, FL 33311

**Current Mailing Address:**

1000 N W 10TH AVENUE  
FT LAUDERDALE, FL 33311 US

**FEI Number:** 65-0687160

**Certificate of Status Desired:** No

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

YVES, JODESTY  
1000 N W 10TH AVENUE  
FORT LAUDERDALE, FL 33311 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            PRESIDENT  
Name            JODESTY, YVES M  
Address        1000 N W 10TH AVENUE  
City-State-Zip: FT LAUDERDALE FL 33311

Title            VP  
Name            JODESTY JR, YVES MICHEL DR.  
Address        495 SWEET BAY AVENUE  
City-State-Zip: PLANTATION FL 33324

Title            SECRETARY  
Name            JODESTY, JENNIFER  
Address        495 SWEET BAY AVENUE  
City-State-Zip: PLANTATION FL 33324

Title            TREASURER  
Name            JODESTY, MARK PHILLIP  
Address        495 SWEET BAY AVENUE  
City-State-Zip: PLANTATION FL 33324

*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:** YVES JODESTY

**PRESIDENT**

**04/17/2022**

Electronic Signature of Signing Officer/Director Detail

Date