

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000087806

**Entity Name:** MANUEL FRANCISCO GALLEG0, M.D., P.A.

**Current Principal Place of Business:**

3460 DEPEW CIRCLE  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

P O BOX 510298  
PUNTA GORDA, FL 33950 US

**FEI Number:** 65-0878568

**Certificate of Status Desired:** No

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

GALLEGO, MANUEL  
43 SABAL DRIVE  
PUNTA GORDA, FL 33950 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 MD  
Name GALLEGO, MANUEL F  
Address 43 SABAL DRIVE  
City-State-Zip: PUNTA GORDA FL 33950

Title MBA  
Name GALLEGO, LYNNE P  
Address 3460 DEPEW CIRCLE  
City-State-Zip: PORT CHARLOTTE FL 33952

*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:** LYNNE PARKER GALLEG0

**SECRETARY**

**01/26/2018**

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

\_\_\_\_\_  
Date