

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000094426

**Entity Name:** MENDOZA EMERGENCY PHYSICIANS INC

**Current Principal Place of Business:**

27746 CYPRESS GLENN COURT  
YALAH, FL 34797

**Current Mailing Address:**

27746 CYPRESS GLENN COURT  
YALAH, FL 34797 US

**FEI Number:** 86-1865584

**Certificate of Status Desired:** No

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

MENDOZA, WILLIAM  
27746 CYPRESS COURT  
YALAH, FL 34797 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 MENDOZA, WILLIAM  
Address 27746 CYPRESS GLENN COURT  
City-State-Zip: YALAH FL 34797

*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:** WILLIAM MENDOZA

**PRESIDENT**

**04/29/2021**

Electronic Signature of Signing Officer/Director Detail

Date