

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000004575

**Entity Name:** SOCIETY OF COOPERATIVE MEDICINE AND SURGERY, INC.

**Current Principal Place of Business:**

8851 BOARDROOM CIRCLE  
FORT MYERS, FL 33919

**Current Mailing Address:**

13650 FIDDLESTICKS BIVD.  
SUITE 202- 185  
FT. MYERS, FL 33912 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CUMBERBATCH, DUANE  
8851 BOARDROOM CIRCLE  
FORT MYERS, FL 33919 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 CUMBERBATCH, DUANE F  
Address 8851 BOARDROOM CIRCLE  
City-State-Zip: FORT MYERS FL 33919

Title VP  
Name BROWN, ALLAN  
Address 8851 BOARDROOM CIRCLE  
City-State-Zip: FORT MYERS FL 33919

Title S  
Name DANDRIDGE, ANDRE  
Address 8851 BOARDROOM CIRCLE  
City-State-Zip: FORT MYERS FL 33919

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DUANE CUMBERBATCH

05/01/2024

Electronic Signature of Signing Officer/Director Detail

Date