

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000009600

**Entity Name:** ACADEMIC MEDICAL GROUP, INC.

**Current Principal Place of Business:**

ONE TAMPA GENERAL CIRCLE  
TAMPA, FL 33606

**Current Mailing Address:**

ONE TAMPA GENERAL CIRCLE  
TAMPA, FL 33606

**FEI Number: 86-3038188**

**Certificate of Status Desired: No**

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

CF REGISTERED AGENT, INC.  
100 SOUTH ASHLEY DRIVE, SUITE 400  
TAMPA, FL 33602 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 DIRECTOR  
Name BALIGA, RAJENDRA MD  
Address ONE TAMPA GENERAL CIRCLE  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name BRANDT, STACEY  
Address ONE TAMPA GENERAL CIRCLE  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name COURIS, JOHN  
Address ONE TAMPA GENERAL CIRCLE  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name CURRALL, STEVE PHD  
Address ONE TAMPA GENERAL CIRCLE  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name LOCKWOOD, CHARLES MD  
Address ONE TAMPA GENERAL CIRCLE  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name LOUIS, JUDETTE MD  
Address ONE TAMPA GENERAL CIRCLE  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name MOSELEY, MARK MD  
Address ONE TAMPA GENERAL CIRCLE  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name RUNYON, MARK  
Address ONE TAMPA GENERAL CIRCLE  
City-State-Zip: TAMPA FL 33606

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*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: MARK RUNYON**

**DIRECTOR**

**04/29/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SMITH, ADAM  
Address        ONE TAMPA GENERAL CIRCLE  
City-State-Zip: TAMPA FL 33606

Title           DIRECTOR  
Name           SOBIERAY, RICH  
Address        ONE TAMPA GENERAL CIRCLE  
City-State-Zip: TAMPA FL 33606