2024 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: Yes

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 Title DIRECTOR

Name BALIGA, RAJENDRA MD Name BRANDT, STACEY

Address ONE TAMPA GENERAL CIRCLE Address ONE TAMPA GENERAL CIRCLE

City-State-Zip: TAMPA FL 33606 City-State-Zip: TAMPA FL 33606

Title DIRECTOR Title DIRECTOR

Name COURIS, JOHN Name CURRALL, STEVE PHD

Address ONE TAMPA GENERAL CIRCLE Address ONE TAMPA GENERAL CIRCLE

City-State-Zip: TAMPA FL 33606 City-State-Zip: TAMPA FL 33606

Title CHAIR, DIRECTOR Title DIRECTOR

Name LOCKWOOD, CHARLES MD Name LOUIS, JUDETTE MD

Address ONE TAMPA GENERAL CIRCLE Address ONE TAMPA GENERAL CIRCLE

City-State-Zip: TAMPA FL 33606 City-State-Zip: TAMPA FL 33606

Title PRESIDENT Title DIRECTOR

Name MOSELEY, MARK MD Name RUNYON, MARK

Address ONE TAMPA GENERAL CIRCLE Address ONE TAMPA GENERAL CIRCLE

City-State-Zip: TAMPA FL 33606 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 MOSELEY, MD PRESIDENT 01/24/2024

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 24, 2024

Secretary of State

5002464688CC

Officer/Director Detail Continued:

Title DIRECTOR

Name SMITH, ADAM

Address ONE TAMPA GENERAL CIRCLE

City-State-Zip: TAMPA FL 33606

Title DIRECTOR

Name VAN LOVEREN, HARVEY MD
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