

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604452

Entity Name: COASTAL ORTHOPEDICS & SPORTS MEDICINE OF
SOUTHWEST FLORIDA, P.A.**Current Principal Place of Business:**8000 SR64 E
BRADENTON, FL 34212**Current Mailing Address:**8000 SR64 E
BRADENTON, FL 34212 US**FEI Number: 59-1466615****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CF REGISTERED AGENT, INC.
100 S. 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	DPST
Name	VALADIE, ARTHUR L
Address	8000 SR 64 E.
City-State-Zip:	BRADENTON FL 34212

Title	D
Name	KUMAR, AVINASH G
Address	8000 SR 64 E.
City-State-Zip:	BRADENTON FL 34212

Title	DIRECTOR OF OPERATIONS
Name	FRENCH, JEFF
Address	8000 SR 64 E.
City-State-Zip:	BRADENTON FL 34212

Title	CEO
Name	LEMAY, PAIGE
Address	8000 SR 64 E.
City-State-Zip:	BRADENTON FL 34212

Title	DIRECTOR
Name	VALADIE, ALAN
Address	8000 SR 64 E.
City-State-Zip:	BRADENTON FL 34212

Title	DIRECTOR
Name	CASHEN, DAVID
Address	8000 SR 64 E.
City-State-Zip:	BRADENTON FL 34212

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: PAIGE LEMAY**CEO****01/23/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date