

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J52057

**Entity Name:** GARY RONAY, M.D., P.A.

**Current Principal Place of Business:**

803 COTTAGE HILL WAY  
BRANDON, FL 33511

**Current Mailing Address:**

803 COTTAGE HILL WAY  
BRANDON, FL 33511 US

**FEI Number:** 59-2758114

**Certificate of Status Desired:** No

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

RONAY, GARY M.D.  
803 COTTAGE HILL WAY  
BRANDON, FL 33511 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 DR  
Name RONAY, GARY  
Address 803 COTTAGE HILL WAY  
City-State-Zip: BRANDON FL 33511

Title MS.  
Name RONAY, JOANNE L  
Address 803 COTTAGE HILL WAY  
City-State-Zip: BRANDON FL 33511

*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:** GARY RONAY MD

**PRESIDENT**

**02/18/2024**

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

\_\_\_\_\_  
Date