

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L37379

**Entity Name:** TAMPA BAY PULMONARY ASSOCIATES, P.A.

**Current Principal Place of Business:**

2810 WEST WATERS AVENUE  
TAMPA, FL 33614

**Current Mailing Address:**

2810 WEST WATERS AVENUE  
TAMPA, FL 33614

**FEI Number:** 65-0173173

**Certificate of Status Desired:** No

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

MODH, ASHOK  
2810 W WATERS AVENUE  
TAMPA, FL 33614 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           | D                       | Title           | D                      |
| Name            | MODH, ASHOK MD          | Name            | MANDALIYA, NAISHADH MD |
| Address         | 2810 W WATERS AVE       | Address         | 2810 W. WATERS AVE.    |
| City-State-Zip: | TAMPA FL 33614          | City-State-Zip: | TAMPA FL 33618         |
|                 |                         |                 |                        |
| Title           | D                       | Title           | D                      |
| Name            | CARDONA, JERGES JMD     | Name            | PATEL, NIRAV MD        |
| Address         | 2810 WEST WATERS AVENUE | Address         | 2810 W. WATERS AVE.    |
| City-State-Zip: | TAMPA FL 33614          | City-State-Zip: | TAMPA FL 33614         |

*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:** ASHOK K MODH

**PARTNER**

**04/02/2023**

Electronic Signature of Signing Officer/Director Detail

Date