

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000050496

**Entity Name:** EAST BAY ACCIDENT AND WELLNESS CENTER, P.A.

**Current Principal Place of Business:**

405 SEMINOLE BLVD  
LARGO, FL 33770

**Current Mailing Address:**

405 SEMINOLE BLVD  
LARGO, FL 33770

**FEI Number:** 59-3641271

**Certificate of Status Desired:** No

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

ROGERS, MARC DR  
405 SEMINOLE BLVD  
LARGO, FL 33770-2554 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 P  
Name ROGERS, MARC  
Address 405 SEMINOLE BLVD  
City-State-Zip: LARGO FL 33770

Title T  
Name ROGERS, MARC JDC  
Address 405 SEMINOLE BLVD  
City-State-Zip: LARGO FL 33770

Title D  
Name ROGERS, MARC JDC  
Address 405 SEMINOLE BLVD  
City-State-Zip: LARGO FL 33770

Title V  
Name ROGERS, MARC JDC  
Address 405 SEMINOLE BLVD  
City-State-Zip: LARGO FL 33770

Title S  
Name ROGERS, MARC JDC  
Address 405 SEMINOLE BLVD  
City-State-Zip: LARGO FL 33770

Title C  
Name ROGERS, MARC JDC  
Address 405 SEMINOLE BLVD  
City-State-Zip: LARGO FL 33770

*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:** ROGERS, MARC

**PHYSICIAN**

**02/09/2024**

Electronic Signature of Signing Officer/Director Detail

Date