

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000036484

Entity Name: SUNCOAST SURGICAL ASSOCIATES, P.A.**Current Principal Place of Business:**519 MEDICAL OAKS AVE
BRANDON, FL 33511-5961**Current Mailing Address:**519 MEDICAL OAKS AVE
BRANDON, FL 33511-5961 US**FEI Number: 51-0456724****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SIEGMAN, MICHAEL GMD
519 MEDICAL OAKS AVE
BRANDON, FL 33511-5961 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	PDT
Name	SIEGMAN, MICHAEL G DR.
Address	519 MEDICAL OAKS AVENUE
City-State-Zip:	BRANDON FL 33511-5961

Title	VS
Name	PARK, IN SOON DR.
Address	519 MEDICAL OAKS AVE
City-State-Zip:	BRANDON FL 33511-5961

Title	TREASURER
Name	PICCIOCCA JR. , RICHARD G DR.
Address	519 MEDICAL OAKS AVENUE
City-State-Zip:	BRANDON FL 33511-5961

Title	SECRETARY
Name	GRANDHIGE, GOPAL S DR.
Address	519 MEDICAL OAKS AVENUE
City-State-Zip:	BRANDON FL 33511-5961

Title	CO-TREASURER
Name	ITRIAGO, FRANCISCO H DR.
Address	519 MEDICAL OAKS AVE
City-State-Zip:	BRANDON FL 33511-5961

Title	CO-SECRETARY
Name	TAPPER, DONOVAN N DR.
Address	519 MEDICAL OAKS AVENUE
City-State-Zip:	BRANDON FL 33511-5961

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: MICHAEL SIEGMAN**PRESIDENT****01/11/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date