

**2024 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000077945

**Entity Name:** PREMISE HEALTH OF FLORIDA MEDICAL, P.A.

**Current Principal Place of Business:**

5500 MARYLAND WAY  
SUITE 120  
BRENTWOOD, TN 37027

**Current Mailing Address:**

5500 MARYLAND WAY  
SUITE 120  
BRENTWOOD, TN 37027 US

**FEI Number: 26-3235124**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            SECRETARY  
Name            WRIGHT, WILLIAM D  
Address        5500 MARYLAND WAY  
                  SUITE 120  
City-State-Zip: BRENTWOOD TN 37027

Title            TREASURER  
Name            FARRINGTON, SHANNON  
Address        5500 MARYLAND WAY  
                  SUITE 120  
City-State-Zip: BRENTWOOD TN 37027

Title            PRESIDENT  
Name            LEIZMAN, M.D., JONATHAN  
Address        5500 MARYLAND WAY  
                  SUITE 120  
City-State-Zip: BRENTWOOD TN 37027

*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: WILLIAM WRIGHT**

**SECRETARY**

**02/07/2024**

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

\_\_\_\_\_  
Date