

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000077945

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

Current Principal Place of Business:

5500 MARYLAND WAY
SUITE 200
BRENTWOOD, TN 37027

Current Mailing Address:

5500 MARYLAND WAY
SUITE 200
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 200
City-State-Zip: BRENTWOOD TN 37027

Title PRESIDENT
Name LINDROTH MD, MARIANNE
Address 5500 MARYLAND WAY
 SUITE 200
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 D. WRIGHT

SECRETARY

02/06/2024

Electronic Signature of Signing Officer/Director Detail

Date