

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000082453

**Entity Name:** APOGEE MEDICAL GROUP, FLORIDA, INC.

**Current Principal Place of Business:**

15059 N SCOTTSDALE RD #600  
SCOTTSDALE, AZ 85254

**Current Mailing Address:**

15059 N SCOTTSDALE RD #600  
SCOTTSDALE, AZ 85254

**FEI Number:** 27-1072837

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            PRESIDENT, SECRETARY, DIRECTOR  
Name            GREGORY, MICHAEL W  
Address        15059 N SCOTTSDALE RD #600  
City-State-Zip: SCOTTSDALE AZ 85254

Title            AUTHORIZED PERSON  
Name            HARWELL, KAREN  
Address        15059 N SCOTTSDALE RD #600  
City-State-Zip: SCOTTSDALE AZ 85254

*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:** KAREN HARWELL

**AUTHORIZED PERSON**

**02/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date