

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000035159

**Entity Name:** SEBRING MEDICAL GROUP P.A.

**Current Principal Place of Business:**

2237 US 27 SOUTH  
SEBRING, FL 33870

**Current Mailing Address:**

2237 US 27 SOUTH  
SEBRING, FL 33870 US

**FEI Number: 27-2412037**

**Certificate of Status Desired: No**

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

CFRA, LLC  
100 S. ASHLEY DRIVE  
SUITE 400  
TAMPA, FL 33602 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: RADHA V. BACHMAN**

**04/29/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            SIRACUSE, JOAN E. M.D.  
Address        3081 LAKEVIEW DRIVE  
City-State-Zip: SEBRING FL 33870

Title            VP, DIRECTOR  
Name            BENNETT, JENNIFER L. M.D.  
Address        3778 ENCHANTED OAKS LANE  
City-State-Zip: SEBRING FL 33872

Title            SECRETARY, TREASURER,  
                    DIRECTOR  
Name            PARNASSA, DANIEL T. M.D.  
Address        1427 LAKESIDE WAY  
City-State-Zip: SEBRING FL 33876

*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: JOAN E SIRACUSE**

**PRES**

**04/29/2015**

Electronic Signature of Signing Officer/Director Detail

Date