## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000049306

Entity Name: SAN GIOVANNI, MD, P.A.

1300 S MIAMI AVE UNIT 2210 MIAMI, FL 33130

**Current Principal Place of Business:** 

**FILED** Mar 04, 2024 **Secretary of State** 6356617307CC

## **Current Mailing Address:**

1300 S MIAMI AVE **UNIT 2210** MIAMI, FL 33130 US

FEI Number: 45-5378506 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SAN GIOVANNI, THOMAS P 1300 S MIAMI AVE UNIT 2210 MIAMI, FL 33130 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:

**PRESIDENT** Title

SAN GIOVANNI, THOMAS P. MD Name

1300 S MIAMI AVE Address

**UNIT 2210** 

City-State-Zip: MIAMI FL 33130

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.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: THOMAS P SAN GIOVANNI MD

**PRESIDENT** 

03/04/2024

Date