

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000070075

Entity Name: SEASONS MEDICAL GROUP OF FLORIDA, P.A.**Current Principal Place of Business:**5200 NORTHEAST SECOND AVENUE
STEIN BUILDING 3RD FLOOR
MIAMI, FL 33137-2706**Current Mailing Address:**17855 NORTH DALLAS PARKWAY, SUITE 200
DALLAS, TX 75287 US**FEI Number:** 46-0829877**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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, DIRECTOR
Name	NATARAJAN , BALAKRISHNAN MD
Address	17855 NORTH DALLAS PARKWAY, SUITE 200
City-State-Zip:	DALLAS TX 75287

Title	SECRETARY, TREASURER
Name	SCHWARTZ-DOTY, DENA
Address	17855 NORTH DALLAS PARKWAY, SUITE 200
City-State-Zip:	DALLAS TX 75287

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: DENA SCHWARTZ-DOTY**SECRETARY &
TREASURER****04/04/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date