

**2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P15000002646

**Entity Name:** IMMINENT SURGICAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

7697 COVE TERRACE  
SARASOTA, FL 34231

**FILED**  
**Aug 26, 2020**  
**Secretary of State**  
**9863106559CC**

**Current Mailing Address:**

7697 COVE TERRACE  
SARASOTA, FL 34231 US

**FEI Number: 47-2759765**

**Certificate of Status Desired: No**

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

AL-RAWI, ALI MD  
7697 COVE TERRACE  
SARASOTA, FL 34231 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 P, DIRECTOR  
Name AL-RAWI, ALI M.D.  
Address 7697 COVE TERRACE  
City-State-Zip: SARASOTA FL 34231

Title S, TREASURER, DIRECTOR  
Name BROCKHURST, ALAN M.D.  
Address 7697 COVE TERRACE  
City-State-Zip: SARASOTA FL 34231

*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: ALI AL-RAWI**

**P**

**08/26/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date