

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000017359

**Entity Name:** SOLE PODIATRY CENTER, P.A.

**Current Principal Place of Business:**

5475 GOLDEN GATE PKWY.  
#4  
NAPLES, FL 34116

**Current Mailing Address:**

5475 GOLDEN GATE PKWY.  
#4  
NAPLES, FL 34116 US

**FEI Number:** 81-1636978

**Certificate of Status Desired:** No

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

KIBRIA, SEAN M  
5475 GOLDEN GATE PKWY.  
#4  
NAPLES, FL 34116 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 PTSD  
Name KIBRIA, SEAN M  
Address 5475 GOLDEN GATE PKWY. #4  
City-State-Zip: NAPLES FL 34116

*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:** SEAN KIBRIA

PODIATRIST

02/20/2023

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

\_\_\_\_\_  
Date