

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000063800

Entity Name: APOGEE MEDICAL ASSOCIATES, P.A.

Current Principal Place of Business:

2484 CARING WAY
SUITE B
PORT CHARLOTTE, FL 33952

Current Mailing Address:

PO BOX 494127
PORT CHARLOTTE, FL 33949 US

FEI Number: 81-3456462

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DE, CHITRADEEP
2484 CARING WAY
SUITE B
PORT CHARLOTTE, FL 33952 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 DR
Name DE, CHITRADEEP
Address 2484 CARING WAY
SUITE B
City-State-Zip: PORT CHARLOTTE FL 33952

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: CHITRADEEP DE _____

OWNER

04/03/2018

Electronic Signature of Signing Officer/Director Detail

_____ Date