

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000063800

**Entity Name:** APOGEE MEDICAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

2852 TAMIAMI TRAIL  
SUITE 4  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

PO BOX 494127  
PORT CHARLOTTE, FL 33949 US

**FEI Number: 81-3456462**

**Certificate of Status Desired:** Yes

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

DE, CHITRADEEP  
2852 TAMIAMI TRAIL  
SUITE 4  
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:** CHITRADEEP DE

03/23/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DR  
Name DE, CHITRADEEP  
Address 2852 TAMIAMI TRAIL  
SUITE 4  
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

PRESEIDENT

03/23/2021

Electronic Signature of Signing Officer/Director Detail

Date