## 2020 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: No

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 02/05/2020

Electronic Signature of Registered Agent

Date

**FILED** Feb 05, 2020

**Secretary of State** 

4906421245CC

Officer/Director Detail:

Title

DE, CHITRADEEP Name 2852 TAMIAMI TRAIL Address

SUITE 4

SIGNATURE: CHITRADEEP DE

PORT CHARLOTTE FL 33952 City-State-Zip:

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.

Electronic Signature of Signing Officer/Director Detail

**OWNER** 

02/05/2020

Date