•			680395	58129CC
Current Mai	iling Address:			
	A SHORE DRIVE ERS, FL 33913 US			
FEI Number: 83-0491162			Certificate of Status Des	sired: No
Name and A	Address of Current Registered Agent:			
PODESTA, LUO 19121 AQUA S FORT MEYERS				
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of F	lorida.
	d entity submits this statement for the purpose of changing its regi E: LUGA PODESTA	stered office or regis	tered agent, or both, in the State of F	<sup>5</sup> lorida. 04/01/2021
		stered office or regis	tered agent, or both, in the State of F	
	E: LUGA PODESTA Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of F	04/01/2021
SIGNATURE	E: LUGA PODESTA Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of F	04/01/2021
SIGNATURE Officer/Dire	E: LUGA PODESTA Electronic Signature of Registered Agent ctor Detail :			04/01/2021
SIGNATURE Officer/Dire	E: LUGA PODESTA Electronic Signature of Registered Agent COO	Title	S	04/01/2021
SIGNATURE Officer/Dire Title Name Address	E: LUGA PODESTA Electronic Signature of Registered Agent COO PODESTA, LUGA	Title Name Address	S PODESTA, LUGA	04/01/2021
SIGNATURE Officer/Dire Title Name Address	E: LUGA PODESTA Electronic Signature of Registered Agent COO PODESTA, LUGA 19121 AQUA SHORE DRIVE	Title Name Address	S PODESTA, LUGA 19121 AQUA SHORE DRIVE	04/01/2021
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	E: LUGA PODESTA Electronic Signature of Registered Agent COO PODESTA, LUGA 19121 AQUA SHORE DRIVE FORT MEYERS FL 33913	Title Name Address	S PODESTA, LUGA 19121 AQUA SHORE DRIVE	04/01/2021
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	E: LUGA PODESTA Electronic Signature of Registered Agent COO PODESTA, LUGA 19121 AQUA SHORE DRIVE FORT MEYERS FL 33913 CFO	Title Name Address	S PODESTA, LUGA 19121 AQUA SHORE DRIVE	04/01/2021

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: LUGA PODESTA, MD

PRESIDENT/COO

04/01/2021

Electronic Signature of Signing Officer/Director Detail

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: PODESTA ORTHOPEDIC & SPORTS MEDICINE INSTITUTE, INC

DOCUMENT# P17000100696

## FILED Apr 01, 2021 Secretary of State