

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000100696

**FILED**  
**Mar 07, 2023**  
**Secretary of State**  
**1295196649CC**

**Entity Name:** PODESTA ORTHOPEDIC & SPORTS MEDICINE INSTITUTE, INC

**Current Principal Place of Business:**

1875 VETERANS PARK DRIVE  
SUITE 2201  
NAPLES, FL 34109

**Current Mailing Address:**

1875 VETERANS PARK DRIVE  
SUITE 2201  
NAPLES, FL 34109 US

**FEI Number:** 83-0491162

**Certificate of Status Desired:** No

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

PODESTA, LUGA MD  
1875 VETERANS PARK DRIVE  
SUITE 2201  
NAPLES, FL 34109 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:** LUGA PODESTA

03/07/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title COO  
Name PODESTA, LUGA DR.  
Address 1875 VETERANS PARK DRIVE  
SUITE 2201  
City-State-Zip: NAPLES FL 34109

Title S  
Name PODESTA, LUGA LUGA PODESTA,  
Address 1875 VETERANS PARK DRIVE  
SUITE 2201  
City-State-Zip: NAPLES FL 34109

Title CFO  
Name PODESTA, LUGA  
Address 1875 VETERANS PARK DRIVE  
SUITE 2201  
City-State-Zip: NAPLES FL 34109

*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:** PODESTA, LUGA, LUGA PODESTA, MD

COO/CFO

03/07/2023

Electronic Signature of Signing Officer/Director Detail

Date