

2019 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P17000100696

Entity Name: PODESTA ORTHOPEDIC & SPORTS MEDICINE INSTITUTE, INC**Current Principal Place of Business:**420 SADDLEBROOK LANE
NAPLES, FL 34110**Current Mailing Address:**420 SADDLEBROOK LANE
NAPLES, FL 34110 US**FEI Number: 83-0491162****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**PODESTA, LUGA MD
420 SADDLEBROOK LANE
NAPLES, FL 34110 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

06/09/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	COO
Name	PODESTA, LUGA
Address	420 SADDLEBROOK LANE
City-State-Zip:	NAPLES FL 34110

Title	S
Name	PODESTA, LUGA
Address	420 SADDLEBROOK LANE
City-State-Zip:	NAPLES FL 34110

Title	CFO
Name	PODESTA, LUGA
Address	420 SADDLEBROOK LANE
City-State-Zip:	NAPLES FL 34110

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

PRESIDENT, CEO

06/09/2019

Electronic Signature of Signing Officer/Director Detail

Date