

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000060357

**FILED  
Jul 27, 2021  
Secretary of State  
6652259686CC**

**Entity Name:** DEVOTED MEDICAL GROUP PROFESSIONAL CORPORATION

**Current Principal Place of Business:**

2801 SW 149TH AVENUE  
SUITE 100  
MIRAMAR, FL 33027

**Current Mailing Address:**

221 CRESCENT STREET  
SUITE 202  
WALTHAM, MA 02453

**FEI Number:** 85-2434574

**Certificate of Status Desired:** No

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DRIVE  
SUITE A  
TALLAHASSEE, FL 32301 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KOCHER, BOB  
Address        221 CRESCENT STREET, SUITE 202  
City-State-Zip: WALTHAM MA 02453

Title            COO, TREASURER  
Name            DELINSKY, JEREMY  
Address        221 CRESCENT STREET, SUITE 202  
City-State-Zip: WALTHAM MA 02453

Title            SEC  
Name            JERNIGAN, PAUL  
Address        221 CRESCENT STREET, SUITE 202  
City-State-Zip: WALTHAM MA 02453

Title            CMO  
Name            WAGLE, NEIL  
Address        221 CRESCENT STREET, SUITE 202  
City-State-Zip: WALTHAM MA 02453

*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:** PAUL JERNIGAN

**SECRETARY**

**07/27/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date