

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000057159

**Entity Name:** NEW AGE MEDICAL ASSOCIATES, INC.

**Current Principal Place of Business:**

1730 S PINELLAS AVE STE J  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

1730 S PINELLAS AVE STE J  
TARPON SPRINGS, FL 34689 US

**FEI Number:** 88-3070302

**Certificate of Status Desired:** No

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

DIDONNA, MICHAEL  
1730 S PINELLAS AVE STE J  
TARPON SPRINGS, FL 34689 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 P  
Name DIDONNA, MICHAEL  
Address 1730 S PINELLAS AVE STE J  
City-State-Zip: TARPON SPRINGS FL 34689

Title VP  
Name DIDONNA, CHISTOPHER  
Address 1730 S PINELLAS AVE STE J  
City-State-Zip: TARPON SPRINGS FL 34689

*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: MICHAEL DIDONNA**

**PRESIDENT**

**07/16/2024**

Electronic Signature of Signing Officer/Director Detail

Date