

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000075756

**Entity Name:** MINIMALLY INVASIVE NEUROSURGICAL INSTITUTE INC

**Current Principal Place of Business:**

2125 SE 25TH LOOP  
OCALA, FL 34471

**Current Mailing Address:**

2125 SE 25TH LOOP  
OCALA, FL 34471 US

**FEI Number:** 93-4085845

**Certificate of Status Desired:** No

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

KARUPPIAH, SARAVANAN  
2125 SE 25TH LOOP  
OCALA, FL 34471 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 KARUPPIAH, SARAVANAN  
Address 2125 SE 25TH LOOP  
City-State-Zip: OCALA FL 34471

*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:** SARAVANAN KARUPPIAH

**PRESIDENT**

**02/06/2024**

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

\_\_\_\_\_  
Date