

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000076674

Entity Name: BERAJA MEDICAL INSTITUTE P.A.**Current Principal Place of Business:**6091 SOUTH POINTE BLVD
FORT MYERS, FL 33919**Current Mailing Address:**6091 SOUTH POINTE BLVD
FORT MYERS, FL 33919 US**FEI Number:** 65-0449441**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** C T CORPORATION SYSTEM

03/22/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CEO
Name	COOK, BEN
Address	6091 SOUTH POINTE BLVD
City-State-Zip:	FORT MYERS FL 33919

Title	CFO
Name	CREMATA, ARMANDO
Address	6091 SOUTH POINTE BLVD
City-State-Zip:	FORT MYERS FL 33919

Title	ASST. SECRETARY
Name	STANLEY, JOCELYN
Address	500 W. MADISON STREET SUITE 2830
City-State-Zip:	CHICAGO IL 60601

Title	D
Name	QUIGLEY, THOMAS A.
Address	6091 SOUTH POINTE BLVD
City-State-Zip:	FORT MYERS FL 33919

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: BEN COOK

CEO

03/22/2023

Electronic Signature of Signing Officer/Director Detail

Date