

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000033503

**Entity Name:** PINELLAS SURGICAL ASSOCIATES, INCORPORATED

**Current Principal Place of Business:**

6449 38TH AVENUE NORTH  
SUITE G4  
ST. PETERSBURG, FL 33710

**Current Mailing Address:**

6449 38TH AVENUE NORTH  
SUITE G4  
ST. PETERSBURG, FL 33710 US

**FEI Number:** 59-3312447

**Certificate of Status Desired:** No

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

GOZDANOVIC, SUZANNE M.D.  
6449 38TH AVENUE NORTH  
SUITE G4  
ST. PETERSBURG, FL 33710 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:** SUZANNE GOZDANOVIC

03/29/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PARTNER/SHAREHOLDER  
Name COUCH , MATTHEW DR.  
Address 6449 38TH AVENUE NORTH  
SUITE G4  
City-State-Zip: ST. PETERSBURG FL 33710

Title PARTNER/SHAREHOLDER  
Name GOZDANOVIC, SUZANNE DR.  
Address 6449 38TH AVENUE NORTH  
SUITE G4  
City-State-Zip: ST. PETERSBURG FL 33710

Title PARTNER/SHAREHOLDER  
Name ILIE, RAMONA DR.  
Address 6449 38TH AVENUE NORTH  
SUITE G4  
City-State-Zip: ST. PETERSBURG FL 33710

Title MEMBER  
Name GEADA, LUIS DR.  
Address 6449 38TH AVENUE NORTH  
SUITE G4  
City-State-Zip: ST. PETERSBURG FL 33710

*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:** SUZANNE GOZDANOVIC, MD

**PARTNER,  
SHAREHOLDER**

03/29/2024

Electronic Signature of Signing Officer/Director Detail

Date