

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000051694

Entity Name: SUNCOAST ORTHOPAEDIC SURGERY & SPORTS MEDICINE,
P.A.**FILED**
Jan 30, 2023
Secretary of State
9141695842CC**Current Principal Place of Business:**836 SUNSET LAKE BLVD
SUITE A-205
VENICE, FL 34292**Current Mailing Address:**836 SUNSET LAKE BLVD
SUITE A-205
VENICE, FL 34292 US**FEI Number: 65-0927444****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NOAH , JOSEPH DR.
836 SUNSET LAKE BLVD
SUITE A-205
VENICE, FL 34292 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: JOSEPH NOAH****01/30/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	NOAH, JOSEPH MD
Address	836 SUNSET LAKE BLVD A-205
City-State-Zip:	VENICE FL 34292

Title	TREASURER
Name	WITKOWSKI, EDMUND GMD
Address	836 SUNSET LAKE BLVD A-205
City-State-Zip:	VENICE FL 34292

Title	MANAGING PARTNER
Name	CUFF, DEREK JMD
Address	836 SUNSET LAKE BLVD A-205
City-State-Zip:	VENICE FL 34292

Title	SECRETARY
Name	CHAN, DAVID DR.
Address	836 SUNSET LAKE BLVD SUITE A-205
City-State-Zip:	VENICE FL 34292

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: JOSEPH NOAH**OWNER****01/30/2023**

Electronic Signature of Signing Officer/Director Detail

Date