## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000051694

Entity Name: SUNCOAST ORTHOPAEDIC SURGERY & SPORTS MEDICINE,

P.A.

FILED
Jan 12, 2016
Secretary of State
CC8477339957

## **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 01/12/2016

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title MD Title MD

Name NOAH, JOSEPH MD Name WITKOWSKI, EDMUND GMD

Address 836 SUNSET LAKE BLVD A-205 Address 836 SUNSET LAKE BLVD A-205

City-State-Zip: VENICE FL 34292 City-State-Zip: VENICE FL 34292

Title MD

Name CUFF, DEREK JMD

Address 836 SUNSET LAKE BLVD 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: NOAH, JOSEPH MD

PRESIDENT

01/12/2016