

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000002574

**Entity Name:** PSG USA FOUNDATION INC

**Current Principal Place of Business:**

12877 CANNINGTON COVE TERRACE  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

12877 CANNINGTON COVE TERRACE  
JACKSONVILLE, FL 32258 US

**FEI Number:** 27-5243489

**Certificate of Status Desired:** No

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

SOBERANO, MICHAEL  
12877 CANNINGTON COVE TERRACE  
JACKSONVILLE, FL 32258 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 SOBERANO, MICHAEL MD  
Address 12877 CANNINGTON COVE TERRACE  
City-State-Zip: JACKSONVILLE FL 32258

Title TD  
Name LUZ, VICTOR MD  
Address 12877 CANNINGTON COVE TERRACE  
City-State-Zip: JACKSONVILLE FL 32258

Title SD  
Name SAMONTE, ERIC MD  
Address 12877 CANNINGTON COVE TERRACE  
City-State-Zip: JACKSONVILLE FL 32258

Title VPD  
Name AQUILAR, BEN HUR MD  
Address 12877 CANNINGTON COVE TERRACE  
City-State-Zip: JACKSONVILLE FL 32258

Title VPD  
Name ALAMO, AQUELINA MD  
Address 12877 CANNINGTON COVE TERRACE  
City-State-Zip: JACKSONVILLE FL 32258

Title VPD  
Name CASIS, FERDINAND MD  
Address 12877 CANNINGTON COVE TERRACE  
City-State-Zip: JACKSONVILLE FL 32258

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL M SOBERANO**

**PRESIDENT**

**04/09/2024**

Electronic Signature of Signing Officer/Director Detail

Date