## 2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 504812** 

Entity Name: RUFFOLO, HOOPER & ASSOCIATES, M.D., P.A.

**Current Principal Place of Business:** 

5751 HOOVER BOULEVARD TAMPA. FL 33634

**Current Mailing Address:** 

5751 HOOVER BOULEVARD TAMPA, FL 33634 US

FEI Number: 59-1723249 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COJITA, DANIELA 5751 HOOVER BOULEVARD TAMPA, FL 33634 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

FILED Jan 18, 2023

**Secretary of State** 

0412718359CC

Officer/Director Detail:

Title PRESIDENT Title VP

NameRUFFOLO, ROBERT F. DONameSTONESIFER, KURT MDAddress5751 HOOVER BOULEVARDAddress5751 HOOVER BOULEVARD

City-State-Zip: TAMPA FL 33634 City-State-Zip: TAMPA FL 33634

Title S Title T

Name REEVES, KAREN MD Name XIE, DONG-LIN MD

Address 5751 HOOVER BOULEVARD Address 5751 HOOVER BOULEVARD

City-State-Zip: TAMPA FL 33634 City-State-Zip: TAMPA FL 33634

TitleMEMBER-AT-LARGETitleMEMBER-AT-LARGENameKALIK, ALEJANDRA MDNamePAUTLER, KEITH MD

Address 5751 HOOVER BLVD. Address 5751 HOOVER BOULEVARD

City-State-Zip: TAMPA FL 33634 City-State-Zip: TAMPA FL 33634

Title ASST. SECRETARY Title ASST. SECRETARY

Name ACS, GEZA M.D. Name GOODEN, CASEY M.D.

Address 5751 HOOVER BOULEVARD Address 5751 HOOVER BOULEVARD

City-State-Zip: TAMPA FL 33634 City-State-Zip: TAMPA FL 33634

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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: ROBERT RUFFOLO PRESIDENT 01/18/2023

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title ASST. SECRETARY Name FINAN, JON M.D.

Address 5751 HOOVER BOULEVARD

City-State-Zip: TAMPA FL 33634

Title ASST. SECRETARY
Name HUANG, YANFEI M.D.

Address 5751 HOOVER BOULEVARD

City-State-Zip: TAMPA FL 33634

Title ASST. SECRETARY

Name O'NEILL, EDWARD M.D.

Address 5751 HOOVER BOULEVARD

City-State-Zip: TAMPA FL 33634

Title ASST. SECRETARY
Name SHIELDS, DAVID M.D.

Address 5751 HOOVER BOULEVARD

City-State-Zip: TAMPA FL 33634

Title ASST. SECRETARY
Name WALTER, OTTO M.D.

Address 5751 HOOVER BOULEVARD

City-State-Zip: TAMPA FL 33634

Title ASST. SECRETARY
Name CHEN, LUGEN M.D.

Address 5751 HOOVER BOULEVARD

City-State-Zip: TAMPA FL 33634

Title ASST. SECRETARY

Name MALAFRONTE, PATRICK M.D. Address 5751 HOOVER BOULEVARD

City-State-Zip: TAMPA FL 33634

Title ASST. SECRETARY
Name SELBST, MEGAN M.D.

Address 5751 HOOVER BOULEVARD

City-State-Zip: TAMPA FL 33634

Title ASST. SECRETARY Name VITKO, JULIE M.D.

Address 5751 HOOVER BOULEVARD

City-State-Zip: TAMPA FL 33634