

**2021 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:** Yes

**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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RUFFOLO, ROBERT F. D.O.  
Address        5751 HOOVER BOULEVARD  
City-State-Zip: TAMPA FL 33634

Title            VP  
Name            FINAN, JON MD  
Address        5751 HOOVER BOULEVARD  
City-State-Zip: TAMPA FL 33634

Title            S  
Name            SELBST, MEGAN M.D.  
Address        5751 HOOVER BOULEVARD  
City-State-Zip: TAMPA FL 33634

Title            T  
Name            KALIK, ALEJANDRA T M.D.  
Address        5751 HOOVER BOULEVARD  
City-State-Zip: TAMPA FL 33634

Title            MEMBER-AT-LARGE  
Name            CHEN, LUGEN M.D.  
Address        5751 HOOVER BLVD.  
City-State-Zip: TAMPA FL 33634

Title            ASST. SECRETARY  
Name            ACS, GEZA M.D.  
Address        5751 HOOVER BLVD.  
City-State-Zip: TAMPA FL 33634

Title            ASST. SECRETARY  
Name            SHIELDS, DAVID J M.D.  
Address        5751 HOOVER BLVD.  
City-State-Zip: TAMPA FL 33634

Title            ASST. SECRETARY  
Name            STONESIFER, KURT M.D.  
Address        5751 HOOVER BLVD.  
City-State-Zip: TAMPA FL 33634

**Continues on page 2**

*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, DO

**PRESIDENT**

**04/21/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name VITKO, JULIE M.D.  
Address 5751 HOOVER BLVD.  
City-State-Zip: TAMPA FL 33634

Title ASSISTANT SECRETARY  
Name REEVES, KAREN MD  
Address 5751 HOOVER BLVD.  
City-State-Zip: TAMPA FL 33634

Title MEMBER-AT-LARGE  
Name PAUTLER, KEITH DR.  
Address 5751 HOOVER BOULEVARD  
City-State-Zip: TAMPA FL 33634

Title ASST. SECRETARY  
Name XIE, DONG-LIN M.D.  
Address 5751 HOOVER BLVD.  
City-State-Zip: TAMPA FL 33634

Title ASST. SECRETARY  
Name O'NEILL, EDWARD M.D.  
Address 5751 HOOVER BLVD.  
City-State-Zip: TAMPA FL 33634

Title ASST. SECRETARY  
Name WALTER, OTTO DR.  
Address 5751 HOOVER BOULEVARD  
City-State-Zip: TAMPA FL 33634