

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600448

Entity Name: SURGICAL SPECIALISTS OF SOUTHWEST FLORIDA, P.A.**Current Principal Place of Business:**6821 PALISADES PARK COURT
SUITE 1
FT. MYERS, FL 33912**Current Mailing Address:**6821 PALISADES PARK COURT
SUITE 1
FT. MYERS, FL 33912 US**FEI Number:** 59-1218806**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KALRA, AJAY MD
6821 PALISADES PARK COURT
SUITE 1
FT. MYERS, FL 33912 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	PRES
Name	KALRA, AJAY MD
Address	6821 PALISADES PARK COURT SUITE 1
City-State-Zip:	FT. MYERS FL 33912

Title	VP
Name	MANIBO, JOSE' F MD
Address	6821 PALISADES PARK COURT SUITE 1
City-State-Zip:	FORT MYERS FL 33912

Title	SECRETARY
Name	MOSS, JOHN A MD
Address	6821 PALISADES PARK COURT SUITE 1
City-State-Zip:	FORT MYERS FL 33912

Title	TREASURER
Name	KAMMERLOCHER, THAD C MD
Address	6821 PALISADES PARK COURT SUITE 1
City-State-Zip:	FORT MYERS FL 33912

Title	SHAREHOLDER AT LARGE
Name	D'ANGELO, ANTHONY J DR.
Address	6821 PALISADES PARK COURT
City-State-Zip:	FORT MYERS FL 33912

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: AJAY KALRA, MD**PRESIDENT****02/06/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date