

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 678639

**Entity Name:** SUKHINDER K. JOSHI, M.D., P.A.

**Current Principal Place of Business:**

1813 WINGFIELD DRIVE  
LONGWOOD , FL 32779

**Current Mailing Address:**

1813 WINGFIELD DRIVE  
LONGWOOD, FL 32779 US

**FEI Number:** 59-2004945

**Certificate of Status Desired:** No

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

JOSHI, SUKHINDER K.,M.D.  
1813 WINGFIELD DRIVE  
LONGWOOD , FL 32779 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 PD  
Name JOSHI, SUKHINDER K. M D  
Address 1813 WINGFIELD DRIVE  
City-State-Zip: LONGWOOD FL 32779

Title S  
Name JOSHI, VIDYOTMA  
Address 1813 WINGFIELD DRIVE  
City-State-Zip: LONGWOOD FL 32779

*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:** VIDYOTMA JOSHI

**SECRETARY**

**04/04/2022**

Electronic Signature of Signing Officer/Director Detail

Date