

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L25100

Entity Name: FAMILY PRACTICE-ST. CLOUD, INC.

Current Principal Place of Business:

601 S. HARBOUR ISLAND BLVD.
SUITE 200
TAMPA, FL 33602

Current Mailing Address:

601 S. HARBOUR ISLAND BLVD.
SUITE 200
TAMPA, FL 33602 US

FEI Number: 59-2974863

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 CEO
Name POLEN, MICHAEL
Address 601 S. HARBOUR ISLAND BLVD.
 SUITE 200
City-State-Zip: TAMPA FL 33602

Title PRESIDENT
Name KOLLEFRATH, DANIEL
Address 601 S. HARBOUR ISLAND BLVD.
 SUITE 200
City-State-Zip: TAMPA FL 33602

Title VP
Name PAGIDIPATI, RUDRAMA
Address 601 S. HARBOUR ISLAND BLVD.
 SUITE 200
City-State-Zip: TAMPA FL 33602

Title SECRETARY
Name HABER, MICHAEL
Address 601 S. HARBOUR ISLAND BLVD.
 SUITE 200
City-State-Zip: TAMPA FL 33602

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: MICHAEL HABER

SECRETARY

02/09/2024

Electronic Signature of Signing Officer/Director Detail

Date