## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000028475

Entity Name: SEMINOLE SPORTS & FAMILY MEDICINE, P.A.

**FILED** Feb 22, 2015 **Secretary of State** CC3343242636

**Current Principal Place of Business:** 

1000 W BROADWAY STREET SUITE 102 OVIEDO, FL 32765

## **Current Mailing Address:**

1000 W BROADWAY STREET SUITE 102 OVIEDO, FL 32765

FEI Number: 59-3635352 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ROSEN, MATTHEW MD 1000 W BROADWAY STREET SUITE 102 OVIEDO, FL 32765 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title VD

Name ROSEN, MATTHEW MD Name OGIN, CHRIS EMD Address 212 TORCASO CT. Address 212 TORCASO CT.

City-State-Zip: WINTER SPRINGS FL 32708 City-State-Zip: WINTER SPRINGS FL 32708

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.

**PRESIDENT** 

SIGNATURE: MATTHEW ROSEN

Electronic Signature of Signing Officer/Director Detail

02/22/2015