

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000063556

Entity Name: MILTON M. APONTE, M.D., P.A.**Current Principal Place of Business:**380 SW PRIMA VISTA BLVD
PORT SAINT LUCIE, FL 34983**Current Mailing Address:**P.O. BOX 881027
PORT SAINT LUCIE, FL 34988 US**FEI Number:** 65-1116033**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**APONTE, MILTON M
380 SW PRIMA VISTA BLVD
PORT ST LUCIE, FL 34983 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:** MILTON M APONTE MD

02/16/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	APONTE, MILTON M. MD
Address	380 SW PRIMA VISTA BLVD.
City-State-Zip:	PORT SAINT LUCIE FL 34983

Title	T
Name	APONTE, MILTON M. MD
Address	380 SW PRIMA VISTA BLVD.
City-State-Zip:	PORT SAINT LUCIE FL 34983

Title	S
Name	MILTON, APONTE M. MD
Address	380 SW PRIMA VISTA BLVD.
City-State-Zip:	PORT SAINT LUCIE FL 34983

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: MILTON M APONTE MD

PRESIDENT

02/16/2023

Electronic Signature of Signing Officer/Director Detail

Date