

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000119314

Entity Name: LAURA GRIPPA, M.D., P.A.

Current Principal Place of Business:

1296 SOUTH EDGEWOOD AVE
JACKSONVILLE, FL 32205

Current Mailing Address:

1296 SOUTH EDGEWOOD AVE
JACKSONVILLE, FL 32205

FEI Number: 80-0021780

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRIPPA, LAURA MD
1296 SOUTH EDGEWOOD AVE
JACKSONVILLE, FL 32205 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 PTS
Name GRIPPA, LAURA MD
Address 1296 S EDGEWOOD AVE
City-State-Zip: JACKSONVILLE FL 32205

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: LAURA GRIPPA

PRESIDENT

02/05/2021

Electronic Signature of Signing Officer/Director Detail

Date