

**2023 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

PTS

01/17/2023

Electronic Signature of Signing Officer/Director Detail

Date