

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000064185

Entity Name: ALTAMONTE MEDICAL ASSOCIATES, P.A.

Current Principal Place of Business:

631 PALM SPRINGS DR.
SUITE 117
ALTAMONTE SPRINGS, FL 32701-7854

Current Mailing Address:

631 PALM SPRINGS DR.
SUITE 117
ALTAMONTE SPRINGS, FL 32701-7854

FEI Number: 41-2045914

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STURN, GARY MDR.
631 PALM SPRINGS DRIVE
SUITE #117
ALTAMONTE SPRINGS, FL 32701 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 P
Name STURN, GARY MMD
Address 631 PALM SPRINGS DR. STE 117
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title T
Name MENSA, EDITH MD
Address 631 PALM SPRINGS DR. STE 117
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title VP
Name STURN, STEPHEN MD
Address 631 PALM SPRINGS DR. STE 117
City-State-Zip: ALTAMONTE SPRINGS FL 32701

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: GARY STURN

P

02/22/2015

Electronic Signature of Signing Officer/Director Detail

Date