

**2025 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 M. DR.  
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:** GARY STURN

02/09/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name STURN, GARY M. MD  
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

02/09/2025

Electronic Signature of Signing Officer/Director Detail

Date