

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000135383

**Entity Name:** THOMAS M. SWEENEY, II, M.D., PH.D., P.A.

**Current Principal Place of Business:**

5922 CATTLEMAN LANE  
SUITE 203  
SARASOTA, FL 34232

**Current Mailing Address:**

5922 CATTLEMAN LANE  
SUITE 203  
SARASOTA, FL 34232 US

**FEI Number:** 06-1670765

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SWEENEY II, THOMAS MM.D  
5922 CATTLEMEN LANE  
SUITE 203  
SARASOTA, FL 34232 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 PRES  
Name SWEENEY, THOMAS MMD  
Address 5922 CATTLEMEN LANE, STE 203  
City-State-Zip: SARASOTA FL 34232

*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:** THOMAS SWEENEY, MMD

**PRESIDENT**

**04/24/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date