

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000099563

**Entity Name:** SINCLAIR SURGICAL, P.A.

**Current Principal Place of Business:**

1091 PRINCETON DRIVE  
CLERMONT, FL 34711

**Current Mailing Address:**

131 WEST WASHINGTON STREET  
#1553  
MINNEOLA, FL 34755 US

**FEI Number:** 20-0224569

**Certificate of Status Desired:** No

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

SINCLAIR, KARLENE E  
1091 PRINCETON DRIVE  
CLERMONT, FL 34711 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 DR  
Name SINCLAIR, KARLENE E  
Address 1091 PRINCETON DRIVE  
City-State-Zip: CLERMONT FL 34711

*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:** KARLENE SINCLAIR

**OWNER**

**03/25/2024**

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

\_\_\_\_\_  
Date