

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000056151

**Entity Name:** SANFORD MEDICAL GROUP, P.A.

**Current Principal Place of Business:**

1621 WEST 1ST STREET  
SANFORD, FL 32771

**Current Mailing Address:**

1621 WEST 1ST STREET  
SANFORD, FL 32771

**FEI Number:** 20-2688581

**Certificate of Status Desired:** No

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

SRIVASTAVA, VINAY CMD  
1621 WEST 1ST STREET  
SANFORD, FL 32771 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            OFFR  
Name            SRIVASTAVA, VINAY CMD  
Address        1621 WEST 1ST STREET  
City-State-Zip: SANFORD FL 32771

Title            DIR  
Name            MOHAN, SANGITA MD  
Address        1621 WEST 1ST STREET  
City-State-Zip: SANFORD FL 32771

*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:** VINAY SRIVASTAVA

**OFFICER**

**01/16/2020**

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

\_\_\_\_\_  
Date