

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000095334

**Entity Name:** LAGNIAPPE MEDICAL, P.A.

**Current Principal Place of Business:**

6600 - 30TH AVENUE NORTH  
ST. PETERSBURG, FL 33710

**Current Mailing Address:**

6600 - 30TH AVENUE NORTH  
ST. PETERSBURG, FL 33710

**FEI Number:** 20-3106266

**Certificate of Status Desired:** No

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

LEFEBVRE, GIGI C  
6471 90TH AVENUE NORTH  
PINELLAS PARK, FL 33782 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 LEFEBVRE, GIGI C  
Address 6471 90TH AVENUE NORTH  
City-State-Zip: PINELLAS PARK FL 33782

*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:** GIGI C LEFEBVRE

DR.

03/26/2025

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

\_\_\_\_\_  
Date