

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000001585

**Entity Name:** BRADENTON EAST INTEGRATIVE MEDICINE, P.A.**Current Principal Place of Business:**6900 TAVISTOCK LAKES BLVD.  
SUITE 300  
ORLANDO, FL 32827**Current Mailing Address:**6900 TAVISTOCK LAKES BLVD.  
SUITE 300  
ORLANDO, FL 32827 US**FEI Number:** 26-1729363**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLALOCK WALTERS, P.A.  
802 11TH STREET WEST  
BRADENTON, FL 34205-7734 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:** CLIFFORD L. WALTERS

03/23/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name KOKKINIDES, PENELOPE  
Address 6900 TAVISTOCK LAKES BLVD.  
SUITE 300  
City-State-Zip: ORLANDO FL 32827

Title DIRECTOR  
Name ABBOTT, WILL  
Address 6900 TAVISTOCK LAKES BLVD.  
SUITE 300  
City-State-Zip: ORLANDO FL 32827

Title SECRETARY  
Name BROWN, DAVID  
Address 6900 TAVISTOCK LAKES BLVD.  
SUITE 300  
City-State-Zip: ORLANDO FL 32827

Title VICE PRESIDENT & CFO  
Name MALTON, DOUGLAS  
Address 6900 TAVISTOCK LAKES BLVD.  
SUITE 300  
City-State-Zip: ORLANDO FL 32827

Title PRESIDENT & CEO  
Name ABBOTT, WILL  
Address 6900 TAVISTOCK LAKES BLVD.  
SUITE 300  
City-State-Zip: ORLANDO FL 32827

Title COO  
Name RAVI, CHARI  
Address 6900 TAVISTOCK LAKES BLVD.  
SUITE 300  
City-State-Zip: ORLANDO FL 32827

Title DIRECTOR  
Name SHINTO, RICHARD A. M.D.  
Address 6900 TAVISTOCK LAKES BLVD.  
SUITE 300  
City-State-Zip: ORLANDO FL 32827

Title DIRECTOR  
Name MALTON, DOUGLAS  
Address 6900 TAVISTOCK LAKES BLVD.  
SUITE 300  
City-State-Zip: ORLANDO FL 32827

*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:** DAVID BROWN**SECRETARY**

03/23/2025

Electronic Signature of Signing Officer/Director Detail

Date