

2023 FLORIDA PROFIT CORPORATION AMENDED 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

05/17/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title	DIRECTOR & CHIEF OPERATING OFFICER
Name	ABBOTT, WILL
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: RICHARD A. SHINTO, M.D.

PRESIDENT

05/17/2023

Electronic Signature of Signing Officer/Director Detail

Date