

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000095936

Entity Name: NU WAVE MEDICAL CENTER P.A.

Current Principal Place of Business:

10800 PANAMA CITY BEACH PARKWAY
SUITE 200
PANAMA CITY BEACH, FL 32407

Current Mailing Address:

3531 PRESERVE BLVD
PANAMA CITY BEACH, FL 32408 US

FEI Number: 26-3603604

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SEKHON, GURPRIT DR.
10800 PANAMA CITY BEACH PARKWAY
SUITE 200
PANAMA CITY BEACH, FL 32407 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: GURPRIT SEKHON M. D.

02/10/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SEKHON, GURPRIT
Address 3531 PRESERVE BLVD
City-State-Zip: PANAMA CITY BEACH FL 32408

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: GURPRIT SEKHON

P

02/10/2024

Electronic Signature of Signing Officer/Director Detail

Date