## 2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000014860

Entity Name: DI MARTINO HEALTHCARE, P.A.

**Current Principal Place of Business:** 

354 TALL OAK TRL

TARPON SPRINGS, FL 34688

**Current Mailing Address:** 

354 TALL OAK TRL

TARPON SPRINGS, FL 34688 US

FEI Number: 47-3129199 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE FAULKNER FIRM, P.A. 4056 TAMPA ROAD OLDSMAR, FL 34677 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: DEBRA A. FAULKNER 02/28/2025

Electronic Signature of Registered Agent

Date

**FILED** Feb 28, 2025

**Secretary of State** 

6709433202CC

## Officer/Director Detail:

Title

Name DI MARTINO, PETER DR. Address 136 LAKE SHORE DRIVE N City-State-Zip: PALM HARBOR FL 34684

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: PETER DI MARTINO

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

02/28/2025

Date