

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000091286

Entity Name: PONTE HEALTH, P.A.

Current Principal Place of Business:

3956 TOWN CENTER BLVD # 609
ORLANDO, FL 32837

Current Mailing Address:

3956 TOWN CENTER BLVD # 609
ORLANDO, FL 32837

FEI Number: 81-4507252

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PONTE, TABITHA C
3956 TOWN CENTER BLVD # 609
ORLANDO, FL 32837 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 P
Name PONTE, TABITHA C
Address 3956 TOWN CENTER BLVD # 609
City-State-Zip: ORLANDO FL 32837

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: TABITHA PONTE

P

04/23/2025

Electronic Signature of Signing Officer/Director Detail

Date