

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000059983

**Entity Name:** PAXTON MEDICAL MANAGEMENT, INC.**Current Principal Place of Business:**8050 SEMINOLE BLVD, STE A  
SEMINOLE, FL 33772**Current Mailing Address:**8050 SEMINOLE BLVD, STE A  
SEMINOLE, FL 33772 US**FEI Number:** 84-2653866**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GROVE, JOHN  
12020 SEMINOLE BLVD  
LARGO, FL 33778 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	OTHER
Name	GROVE, JEFFREY S
Address	7723 STILL LAKES DRIVE
City-State-Zip:	ODESSA FL 33556

Title	D
Name	TVEDTEN, TYRONE D.O.
Address	16221 REDINGTON DRIVE
City-State-Zip:	REDINGTON BEACH FL 33708

Title	D
Name	DIBETTA, EUGENE D.O.
Address	3700 COQUINA KEY DRIVE SE
City-State-Zip:	ST. PETERSBURG FL 33705

Title	D
Name	GROVE, JOHN T
Address	8041 QUINN COURT
City-State-Zip:	LARGO FL 33777

Title	D
Name	DIBETTA, MICHELLE M.D.
Address	3700 COQUINA KEY DRIVE SE
City-State-Zip:	ST. PETERSBURG FL 33705

*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:** JOHN GROVE**REGISTERED AGENT****04/14/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date