

2020 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:** APPLIED FOR**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	11 BAYMONT STREET #1002
City-State-Zip:	CLEARWATER BEACH FL 33767

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

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

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

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

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**MEMBER****06/29/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date