

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000099790

**Entity Name:** JASON K. WAGNER, M.D., P.A.

**FILED**  
**Aug 22, 2024**  
**Secretary of State**  
**7571022561CC**

**Current Principal Place of Business:**

600 N. CATTLEMEN RD  
SUITE 220  
SARASOTA, FL 34232

**Current Mailing Address:**

600 N. CATTLEMEN RD  
SUITE 220  
SARASOTA, FL 34232

**FEI Number:** 87-3852767

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WAGNER, JASON K  
600 N CATTLEMEN RD.  
SUITE 220  
SARASOTA, FL 34232 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           PRE  
Name           WAGNER, JASON K  
Address        600 N CATTLEMEN RD., SUITE 220  
City-State-Zip: SARASOTA FL 34232

*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:** JASON WAGNER

**MGR**

**08/22/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date