

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000065076

**Entity Name:** ADAM C PERRY MD, PA

**Current Principal Place of Business:**

1050 6TH ST S  
NAPLES, FL 34102

**Current Mailing Address:**

1050 6TH ST S  
NAPLES, FL 34102

**FEI Number:** 93-3410777

**Certificate of Status Desired:** No

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

PERRY, ADAM C  
1050 6TH ST S  
NAPLES, FL 34102 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 PERRY, ADAM C  
Address 1050 6TH ST S  
City-State-Zip: NAPLES FL 34102

Title VP  
Name PERRY, KATHRYN  
Address 1050 6TH ST S  
City-State-Zip: NAPLES FL 34102

*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:** KATHRYN PERRY

VP

04/06/2024

Electronic Signature of Signing Officer/Director Detail

Date