

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P24000027580

**Entity Name:** MEDICAL PRACTICE ADVISORS , INC.

**Current Principal Place of Business:**

725 MIRROR LAKES DRIVE  
LEHIGH ACRES, FL 33974

**Current Mailing Address:**

725 MIRROR LAKES DRIVE  
LEHIGH ACRES, FL 33974 US

**FEI Number:** 99-2668194

**Certificate of Status Desired:** No

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

CANNATA, ROSETTA  
725 MIRROR LAKES DR  
LEHIGH ACRES, FL 33974 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:** ROSETTA CANNATA

04/08/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name CANNATA, ROSETTA  
Address 725 MIRROR LAKES DRIVE  
City-State-Zip: LEHIGH ACRES FL 33974

Title V  
Name RANSOM, LAUREN  
Address 725 MIRROR LAKES DR  
City-State-Zip: LEHIGH ACRES FL 33974

Title TD  
Name RANSOM, LAUREN  
Address 725 MIRROR LAKES DRIVE  
City-State-Zip: LEHIGH ACRES FL 33974

Title D  
Name CANNATA, ROSETTA  
Address 725 MIRROR LAKES DR  
City-State-Zip: LEHIGH ACRES FL 33974

*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:** ROSETTA CANNATA

PRESIDENT

04/08/2025

Electronic Signature of Signing Officer/Director Detail

Date