

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P92000014062

**Entity Name:** CUMMINGS & LOCKWOOD FLORIDA, P.A.

**Current Principal Place of Business:**

3001 TAMIAMI TRAIL NORTH  
FOURTH FLOOR  
NAPLES, FL 34103

**Current Mailing Address:**

3001 TAMIAMI TRAIL NORTH  
FOURTH FLOOR  
NAPLES, FL 34103 US

**FEI Number:** 65-0375982

**Certificate of Status Desired:** No

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

CLASP, INC.  
3001 TAMIAMI TRAIL NORTH  
FOURTH FLOOR  
NAPLES, FL 34103 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            DPT  
Name            HOROWITZ, WILLIAM N  
Address        8001 HEALTH CENTER BLVD STE 300  
City-State-Zip: BONITA SPRINGS FL 34135

Title            S  
Name            SCHECHTER, JOEL  
Address        3001 TAMIAMI TRAIL N., 4TH FLOOR  
City-State-Zip: NAPLES FL 34103

*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:** WILLIAM N. HOROWITZ

P

04/17/2024

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

\_\_\_\_\_  
Date