

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000022672

**Entity Name:** NURSE PRACTITIONER ASSOCIATES, P.A.

**Current Principal Place of Business:**

1621 TENNESSEE AVE  
STE 300  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

1621 TENNESSEE AVE  
STE 300  
LYNN HAVEN, FL 32444 US

**FEI Number:** 59-3176029

**Certificate of Status Desired:** No

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

SERIAN, KRISTINE  
1621 TENNESSEE AVE  
STE 300  
LYNN HAVEN, FL 32444 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           PRESIDENT  
Name           SERIAN, KRISTINE  
Address        1621 TENNESSEE AVE  
                  STE 300  
City-State-Zip: LYNN HAVEN FL 32444

*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:** SERIAN, KRISTINE

**PRESIDENT**

**02/05/2021**

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

\_\_\_\_\_  
Date