

2025 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: KRISTINE SERIAN

PRESIDENT

02/07/2025

Electronic Signature of Signing Officer/Director Detail

Date